08946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock | LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hernwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural give location) Hernwood Road

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) RANDOLPH (Last) ALESHIRE

4. DATE OF DEATH (Month) Sept. (Day) 21st. (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 4/13/94 | 9. AGE last birthday 56 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Aleshire | 14. MOTHER'S MAIDEN NAME Mary Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. Minnie M. Riddle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Decompensation of Heart —

Antecedent cause(s) 92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvular Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/ 195[illegible], to 9/21/ 195[illegible], that I last saw the deceased alive on 9/20/ 195[illegible], and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm. E. Martin M.D. | Randallstown Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/23/50 | NAME OF CEMETERY OR CREMATORY Good Shepherd | LOCATION (City, town, or county) (State) Ellicott City Md.

DATE REC'D BY LOCAL REG. 9-21-50 | REGISTRAR'S SIGNATURE Wm. E. E. Nichols | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Ellicott City Md.

7.

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RECEIVED
OCT 9 1950
BUREAU U. S.

08947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITE HALL — LENGTH OF STAY (In this place): RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITE HALL RURAL
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) OSCAR (Last) ALMONY
4. DATE OF DEATH (Month) SEPT (Day) 6 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Aug 12-1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): BALTIMORE Co
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: COL. JAMES ALMONY
14. MOTHER'S MAIDEN NAME: ELIZABETH ANDERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs Oscar Almony. White Hall MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to Sept 6, 1950, that I last saw the deceased alive on Sept 6, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milner Bortner M.D. — ADDRESS: White Hall Md — DATE SIGNED: Sept 8, 50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Sept 9-1950 — NAME OF CEMETERY OR CREMATORY: VERNON — LOCATION (City, town, or county): WHITE HALL (State): MD

DATE REC'D BY LOCAL REG.: Sept. 8, 1950 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline — 24. FUNERAL DIRECTOR: Howard S. Markline — ADDRESS: White Hall, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018948

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5128 Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 5128 Kenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Matthias (Middle) (Last) AMENT.

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Oct. 23, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Pumping Sta.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Matthias Ament

14. MOTHER'S MAIDEN NAME: Catherine Creamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. P. F. Crter 5128 Kenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vasular accident — Interval between onset and death: 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1
93d

(b) Arteriosclerotic Cardio Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

George M. Baumgardner M.D | Balto 6 Md | Sept 11 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 9/13/50 | NAME OF CEMETERY OR CREMATORY: Western Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 9/11/50 | REGISTRAR'S SIGNATURE: A. W. Fredrich L.C.L. | 24. FUNERAL DIRECTOR: Wm. J. Tichener & Sons | ADDRESS: Balto. Md. 32446

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08949

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas — LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural give location) Church Lane

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) E (Last) Anderson

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 1, 1860

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Horse shoeing

11. BIRTHPLACE (State or foreign country): Texas, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George F. Anderson

14. MOTHER'S MAIDEN NAME: Ruth Ann Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. M. Lula Fowble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, vascular, with coronary occlusion — Sudden 9/27/50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.1 — 94a
(b) Arteriosclerosis — Unknown
(c) Senile changes — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) M.D. P.M.E. ADDRESS: Towson Md. DATE SIGNED: 9/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: Sept. 30, 1950 — NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEM. — LOCATION (City, town, or county) (State): TOWSON, MD.

DATE REC'D BY LOCAL REG. 9/29/50 — REGISTRAR'S SIGNATURE: [illegible] Dep

24. FUNERAL DIRECTOR: JOHN BURNS SONS, TOWSON, MD. — ADDRESS

30885

VS. A15A

08950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arcadia Rural. — LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arcadia Rural
STREET ADDRESS (If rural, give location): Reisterstown Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sarah Ellen Armacost.

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 30 1867
9. AGE last birthday: 83. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Schultz
14. MOTHER'S MAIDEN NAME: Susan Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Franklin Alban.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis ?

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Renal Vascular disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 19, 1950, to Sept 30, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE: Joseph E Bush (Degree or title): MD — ADDRESS: Hampstead Md — DATE SIGNED: 9/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 2/50 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: 9-30-50 — REGISTRAR'S SIGNATURE: Mary B. Eline. — 24. FUNERAL DIRECTOR: Edw C Gipton, Hampstead Md — ADDRESS:

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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08951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Eastern ave.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 14 Wagners Lane

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) Virginia (Last) Barnes
4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1950
5. SEX Female.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Nov 25/1922
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Tap Room
11. BIRTHPLACE (State or foreign country) A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank E. FRANTUM
14. MOTHER'S MAIDEN NAME Laura C. Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976x Immediate cause (a) Gun shot through rt temple Immediate.

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suicide.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Tavern (CITY OR TOWN) Essex (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 7 (Year) 50 (Hour) 12 45 A m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Pistol shot thro. head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE M. McCormine MD (Degree or title) Deputy Medical Examiner Balto. Co. ADDRESS Dundalk 22 Md. DATE SIGNED 9/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 11-50
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Ritchie Hyway (State) Md
DATE REC'D BY LOCAL REG. 9/7/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

JT

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08952

Reg. Dist. No. 58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3001 Edgewood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 3001 Edgewood Avenue

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) B. (Last) Bernhard

4. DATE OF DEATH: (Month) September (Day) 13, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 26, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fitzhugh

14. MOTHER'S MAIDEN NAME: Peggy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Deatril Barron, 2317 Monticella Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

029X Immediate cause (a) Cerebral Hemorrhage — 4 days

30g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive Cardiovascular Renal Dis. — ?

(c) Lues — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1943, to Sept 13, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) physician — ADDRESS: 6217 Harford Rd Baltimore 14 Md — DATE SIGNED: 9/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE THEREOF: 9/15/50 — NAME OF CEMETERY OR CREMATORY: Johnson Town — LOCATION (City, town, or county) (State): Johnson Town, Virginia

DATE REC'D BY LOCAL REG.: 9-14-50 — REGISTRAR'S SIGNATURE: [signature] alessi

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08953

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3017 LIBERTY PKWY

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 3017 LIBERTY PKWY

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (OMER) (Last) BICKLING

4. DATE OF DEATH: (Month) SEPT. (Day) 5 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: MARCH 16, 1914

9. AGE last birthday: 36 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FREIGHT BRAKEMAN

10b. KIND OF BUSINESS OR INDUSTRY: PENN. R.R.

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES CALVIN BICKLING

14. MOTHER'S MAIDEN NAME: EDITH JUNE LOCKWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: VERMA D. BICKLING 3017 LIBERTY (PKWY)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Encephalo-Myelitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal failure - Uremia

(c)

INTERVAL BETWEEN ONSET AND DEATH

0822
370

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Sept 5, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Eugene F. Neary (Degree or title) M.D. ADDRESS: 7001 Mornington Rd Dundalk, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: SEPT 8 1950

NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem.

LOCATION (City, town, or county) (State): SMYRNA DEL

DATE REC'D BY LOCAL REG.: Sept 6-1950

REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR: ROLAND L. FISHER ADDRESS: DUNDALK, MD.

111847

RECEIVED
SEP 8 1950
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118954

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2520 Maryland Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	H.	Bond	Sept	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	11/30/1864	85 yrs.	10	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
optomitrist and jeweler		Baltimore	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph H. Bond	Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unk		Mrs. Emma M. Bond, 2520 Maryland Ave., Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) arteriosclerotic gangrene — 3 wks

93d **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardiovascular

(c) disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-4, 1950, to 9-21, 1950, that I last saw the deceased alive on 9-20, 1950, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Deringer Joyce (Mrs)		S.G.S. Hosp Catonsville	9-22-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/50	Balto. Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 23rd 1950	R.H.	Wm. J. Dickener & Sons	Balto. Md.

V8478

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RODGER'S FORDGE
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 DUNKIRK Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RODGER'S FORGE
STREET ADDRESS (If rural, give location) 77 DUNKIRK Rd.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) L. (Last) CHRISTENA BOWMAN

4. DATE OF DEATH (Month) SEPT. (Day) 12, (Year) 1950

5. SEX FEM.
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH OCT. 10, 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) BALTO. CITY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN J. STAUDENMAYER
14. MOTHER'S MAIDEN NAME ANNIE M. BRAUN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT CHAS. R. MADARY, 403 AMERICAN BLDG. BALTO. (2) md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Sept. 12, 1950, that I last saw the deceased alive on Sep. 11, 1950, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Tusley, md. 2956 E. Balto md. Sept 13, 50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/15/1950
NAME OF CEMETERY OR CREMATORY LOUDEN PARK
LOCATION (City, town, or county) (State) BALTO. md.

DATE REC'D BY LOCAL REG. 9-13-50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Walter Brooks Bradley, ADDRESS Dundalk.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 51 N. Wheeler Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	ELMER	BOYD	Sept. 20, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Marr.-Sep.	6-1-1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Boyd	Mary Whchain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW-I	Unknown	Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
571.1 **Immediate cause**	(a) Gastro-intestinal hemorrhage	20 Hrs.
1240 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1. Laennec's cirrhosis with active degeneration	4 Mos. Plus
	(c) 2. Oesophageal varices (secondary to one)	4 Mos. Plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

VA

22. I hereby certify that I attended the deceased from 9-14-, 1950, to 9-20-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 4:03 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Padget. PAUL PADGET, M.D. Chief Medical Service.	VAH, Ft. Howard, Md.	9-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/25/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/21/50	A. W. Hedrick JT	Blight Funeral Home, 6009 Harford Rd., Mildred T. Blight Balto., Md.

VS. A15

08957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Heights Ave. Ext.	STREET ADDRESS (If rural, give location): Park Heights Ave., Ext.

3. NAME OF DECEASED (Type or Print)	(First) ZEDDIE	(Middle) HENRY	(Last) BREITHAUPT	4. DATE OF DEATH	(Month) Sept.	(Day) 27	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 7, 1896	9. AGE last birthday: 54 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): musician	10b. KIND OF BUSINESS OR INDUSTRY: entertainment	11. BIRTHPLACE (State or foreign country): -- Balto. City	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Geo. C. Breithaupt	14. MOTHER'S MAIDEN NAME: Jennie E. Gordy						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Anna M. Breithaupt-Pk.Hgts.Ave.,Ext					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331K Immediate cause (a) Cerebral Hemorrhage — 17 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950 to Sept 27, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E-E- Nichols	Md	Pikesville 8 Md	9-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/29/50	NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.	LOCATION (City, town, or county) (State): Pikesville, Md.
DATE REC'D BY LOCAL REG.: 9-27-50	REGISTRAR'S SIGNATURE: E E Nichols Md	24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons	ADDRESS: Balto Md

V2890

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1950
BUREAU

Evidence for addition of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08958

FILM No. G 128 SEP 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 5 yrs. 4 mos 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson-4, Maryland
STREET ADDRESS (If rural, give location) Club Lane

3. NAME OF DECEASED (Type or Print): (First) Elin (Middle) Manghild (Last) Brown

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 17 ?

9. AGE last birthday: appr. 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lars Lawson

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Sclerosis	Unk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	Unk.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 10 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1945, to Sept 5, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE W. R. Elgin, M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md DATE SIGNED 9/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 9-6-50 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 9/6/50 — REGISTRAR'S SIGNATURE C.W. Hedrich & C.L. — 24. FUNERAL DIRECTOR L.J. Tuck — ADDRESS 5305 Harford Rd

NAME:: Dr.Davis' letter filmed G127 9-26-50 LL

08959

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route # 7 nr Bradshaw
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA COUNTY Greenbrier
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rennick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) OSCAR ADRIAN (Middle) THEODORE FANCE (Last) BROWN

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 10, 1924
9. AGE last birthday 26 ? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Labour (Guard.)
10b. KIND OF BUSINESS OR INDUSTRY Edgewood Ars.
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lake Brown
14. MOTHER'S MAIDEN NAME Bertha Stacey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Isaac M. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Drowning

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Nr. Hwy # 7 (CITY OR TOWN) Nr. Bradshaw (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 9 (Day) 10 (Year) 50 (Hour) 10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? CAR HIT CULVERT & threw MAN in STREAM.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. Davis MD (Degree or title) Dept. Med. Exam. ADDRESS Dundalk-22 Md. DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 12-50
NAME OF CEMETERY OR CREMATORY ?
LOCATION (City, town, or county) Rennick (State) W. Va.

DATE REC'D BY LOCAL REG. Sept. 11, 1950
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Emp

98898

NOTE: Deceased shd be OSCAR THEODORE BROWN; see letters to and from ADRIAN LANG, AIS A, 9-[illegible]-50L [illegible] Await auth. for change.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 13 1950
BUREAU V. S

mw

M

08960

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw Route 7
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Jarrettsville
STREET ADDRESS (If rural give location) Rocks RD

3. NAME OF DECEASED (Type or Print) (First) Vern (Middle) Moffet (Last) Brown

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb 20 1920
9. AGE last birthday 30 yrs. If under 1 year Months 6 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Aberdeen Proving Ground
11. BIRTHPLACE (State or foreign country) Reneck W. Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac M Brown
14. MOTHER'S MAIDEN NAME Maude Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT Isaac Brown Rocks Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

819.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highy #7 (CITY OR TOWN) NR. BRADSHAW - (COUNTY) BALTO - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 10-50 10.5 pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car Hit Culvert + Threw man in stream.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J J B Davis MD (Degree or title) Dep. Med. Exam. ADDRESS Dundalk-22-Md DATE SIGNED 9/11/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 13-50
NAME OF CEMETERY OR CREMATORY Jarrettsville
LOCATION (City, town, or county) Jarrettsville (State) Md

DATE REC'D BY LOCAL REG. Sept. 11, 1950
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR Charles C. Kurtz ADDRESS Jarrettsville Md

98898

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08961

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 7 - Nr. Bradshaw
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY Greenbrier
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rennick.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Willis (Middle) Jordan (Last) Brown
4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1931
9. AGE last birthday 19 ? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Loy Brown
14. MOTHER'S MAIDEN NAME Florence Stacey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Police Dept. Balto. Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) DROWNING

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) NR. Bradshaw (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 10 (Year) 50 (Hour) 10 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Car hit culvert & threw man in stream.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis MD (Degree or title) Dept. Med. Exam. ADDRESS Dunbar - W. Va. DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 12-50
NAME OF CEMETERY OR CREMATORY Rennick
LOCATION (City, town, or county) (State) W. Virginia
DATE REC'D BY LOCAL REG. Sept. 11, 1950
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

08962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 821 McDonough St.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) BRYANT (Last)

4. DATE OF DEATH (Month) September (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/17/1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Building trade
11. BIRTHPLACE (State or foreign country) Magnolia, North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Bryant
14. MOTHER'S MAIDEN NAME Lucinda (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
592X	Immediate cause	(a) CHRONIC NEPHRITIS	Unknown
131b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac dilatation and hypertrophy	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8/27/, 1950, to 9/4/, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE HAROLD S. TIDLER, M.D. (Degree or title) ADDRESS Harold S. Tidler DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/6/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/5/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave. ADDRESS Balto. Md.

JT

988V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

FILM No. G 128 SEP 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08963

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 82 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 50 Shaw Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	E.	BURRELL	September 11, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	12-4-1909	40 ~~11~~ yrs.	9	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Operator	Restaurant	Jefferson City, Mo.	USA

13. FATHER'S NAME: George Burrell

14. MOTHER'S MAIDEN NAME: Louise Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW-2	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive arteriosclerotic heart disease with congestive failure	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple pulmonary and peripheral emboli — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-21-, 1950, to 9-11-, 1950, that I last saw the deceased alive on ~~September 11, 1950~~ and that death occurred at 10:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget		VA	
PAUL PADGET, M.D.	Chief Medical Service	VAH, Ft. Howard, Md.	9-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-15-50	National Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/13/50	H.W. Hedrick	Charles R. Law, 802 Madison Ave., Balto., Md

156 71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08964

Busby

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 365 Hillen Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 365 Hillen Rd.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Wilson Phillips (Last) Busby

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D

8. DATE OF BIRTH: 3/8/83

9. AGE last birthday: 67 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Towson Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Carol Wilson

14. MOTHER'S MAIDEN NAME: Hazett Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Towson Bessie G. Puckett - 308 E. Pennsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8 hrs.

331X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83m (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 19..., to Sept 1, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 1130 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lena A. Hillen M.D. 2529 Guilford Ave. Balto Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 9/3/50; NAME OF CEMETERY OR CREMATORY: Pleasant Rest; LOCATION (City, town, or county) (State): Towson Md.

DATE REC'D BY LOCAL REG. FEB 3 1950

REGISTRAR'S SIGNATURE: Emily E. Williams M.D.

9-6-50

24. FUNERAL DIRECTOR: Mamie W. Wright - 721 Augusta ADDRESS: Balto.

Dr. A. M. Bacon - G. (wd)

RECEIVED
SEP 6 1950
BUREAU N. S

2

08965

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Kinship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) 99 Kinship Rd.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) K. (Last) Button
4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 1-1904
9. AGE last birthday 46 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Mahan
14. MOTHER'S MAIDEN NAME Rosa Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Frank Button

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Sept 11, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE C R Evans MD (Degree or title) ADDRESS 1 Liberty Parkway DATE SIGNED Sept 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 15-1950
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Eastern Ave. (State) Md

DATE REC'D BY LOCAL REG. 9/13/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR John B Connelly ADDRESS Essex 21, Md

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08966

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Bayside Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
STREET ADDRESS (If rural give location) 403 Bayside Dr.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) A (Last) Caldwell

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 19-15
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel
11. BIRTHPLACE (State or foreign country) Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geo. Caldwell
14. MOTHER'S MAIDEN NAME Fannie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Hilda Caldwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis M.D. (Degree or title) Dept Med. Exam. - Denedark v. Md. ADDRESS DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 12-1950
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 9/13/50
REGISTRAR'S SIGNATURE R W Hedrick
24. FUNERAL DIRECTOR John G. Connelly - 403 Eastern Ave ADDRESS

988 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 59 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft. Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 531 Mosher Street

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) -- (Last) CAMPBELL

4. DATE OF DEATH (Month) September (Day) 30 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 6-27-96

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Garage

11. BIRTHPLACE (State or foreign country) Greenville, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Campbell

14. MOTHER'S MAIDEN NAME Frances Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 249-32-9172

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 x

Immediate cause (a) Carcinoma of Stomach with metastasis to parietal peritonenum and liver

46 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-2, 1950, to 9-30, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M.D. Act. Chief Med. Service VAH Fort Howard, Maryland 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 10/6/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Greenville, S.C.

DATE REC'D BY LOCAL REG. 10/3/50 REGISTRAR'S SIGNATURE A. W. Feduch

24. FUNERAL DIRECTOR Charles R. Law - 802 Mad. Ave. ADDRESS

NT

33284

VS. A15

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08968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1304 Fremont Avenue

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) - (Last) CARTER

4. DATE OF DEATH (Month) September (Day) 30 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-2-95

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millworker

10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.

11. BIRTHPLACE (State or foreign country) Deplanes W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Carter

14. MOTHER'S MAIDEN NAME Laura Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary Tuberculosis	Unknown
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-24, 1950, to 9-30, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXX 19XX~~, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED
IRVING FREEMAN, M.D. Act. Chief Med.Service VAH, Ft. Howard, Maryland 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/3/50

NAME OF CEMETERY OR CREMATORY Balto. National

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 10/3/50

REGISTRAR'S SIGNATURE A. W. Heduck

24. FUNERAL DIRECTOR Charles R. Law - 802 Mad. Ave. ADDRESS

JT

496 09

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08969

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spanow Pt
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3420 Belvedere Ave

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) J (Last) Citrano

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-18-1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball player, bartender & night guard
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Antonio Citrano
14. MOTHER'S MAIDEN NAME Vincenza Maranto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-18-9464
17. INFORMANT Mrs. Pauline Citrano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis MD (Degree or title) Deputy Medical Exam. ADDRESS Dundalk-22-Md. DATE SIGNED 9/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 26 1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) 4430 Beleir Rd.

DATE REC'D BY LOCAL REG. 9-25-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frank Wellahoee ADDRESS 322 S. High St

71071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

08970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28; LENGTH OF STAY (in this place): 32 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~Catonsville,~~ Spring Grove Hosp. Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A.A. Co. ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Baltimore~~; STREET ADDRESS (If rural, give location): 402 4th St.

3. NAME OF DECEASED (Type or Print): (First) Antonio (Middle) (Last) Citrino

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1/6/1858

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITaly

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Giuseppe Citrino

14. MOTHER'S MAIDEN NAME: Gatrisamo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Frank Freno, 2606 Hillside Ave. Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) arteriosclerotic heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Generalized arteriosclerosis

(c) Chronic arthritis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1918, to Sept. 20 1950, that I last saw the deceased alive on SEPT 20, 1950 and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel Chrabolowski M.D.

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 9/23/50

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/21/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook Sr. ADDRESS: 1217 St. Paul Street

JT

4621

08971

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 EASTSHIP Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 20 EASTSHIP Rd.

3. NAME OF DECEASED (Type or Print) (First) GLADYS (Middle) MAE (Last) CLARK
4. DATE OF DEATH (Month) SEPT. (Day) 27 (Year) 1950
5. SEX FEM.
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH APR. 29, 1911
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) HUNTINGTON, W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME C. B. BLEDSOE
14. MOTHER'S MAIDEN NAME JOSEPHINE ELLIOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT LORAIN J. CLARK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Terminal pneumonia	1 week
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized Carcinomatoses	6 months
50	(c)	Adeno Carcinoma of the breast	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1947, to 9-27, 1950, that I last saw the deceased alive on 27 SEPT., 1950, and that death occurred at 12:35 A m., from the causes and on the date stated above.

SIGNATURE Eugene F Nevy (Degree or title) M.D. ADDRESS 7001 Mainington Rd. DATE SIGNED Sept-28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 29 SEPT. 1950
NAME OF CEMETERY ~~OR CREMATORY~~ OAKLAWN
LOCATION (City, town, or county) (State) EASTERN AVE. BALTO. CO.
DATE REC'D BY LOCAL REG. Sept 28-1950
REGISTRAR'S SIGNATURE William M. Kelly Jr.
24. FUNERAL DIRECTOR Walter BROOKS BRADLEY, ADDRESS Dundalk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1960
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08972

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 22 Dixie Drive

3. NAME OF DECEASED (Type or Print): (First) Maud (Middle) Elsie Rice (Last) Clark

4. DATE OF DEATH: (Month) (Day) (Year) Sept 10 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 9 1872

9. AGE last birthday: 77 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Duane Rice

14. MOTHER'S MAIDEN NAME: Sarah Ruth McCubbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Duane Rice Stonesleigh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	20 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V-D	?
93d	(c) Cerebral Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary Macrocytic Anemia ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1950, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE: Elsie M. Reed (Degree or title) M.D. ADDRESS: 8 Longwood Rd., Baltimore 10, Md DATE SIGNED: Sept 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Sept 12 50; NAME OF CEMETERY OR CREMATORY: Green Mount; LOCATION (City, town, or county): Balto. (State): —

DATE REC'D BY LOCAL REG.: 9/11/50; REGISTRAR'S SIGNATURE: C W Hedrick; 24. FUNERAL DIRECTOR: Stewart Morris Co. ADDRESS: Balto. Md.

08973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn — LENGTH OF STAY (in this place): 10days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6824 windsor mill rd	STREET ADDRESS (If rural give location): 1 Old Crossing Lane
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Bertha Rich Coe	4. DATE OF DEATH (Month) (Day) (Year): September 30 1950
5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Nov. 23 1875 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Kansas Mo. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stearns Rich	14. MOTHER'S MAIDEN NAME: Mary Hawthorne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. George Marshall Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 5 yrs.

260x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — ?

61 (c) Chr. Nephritis & Diabetes mellitus — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): — — —	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Sept. 30, 1950, that I last saw the deceased alive on Sept. 30, 1950, and that death occurred at 7:25 p m., from the causes and on the date stated above.

SIGNATURE: Robert H Live (Degree or title) M.D. — ADDRESS: 3105 N. Charles St. — DATE SIGNED: 9-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE THEREOF: Oct. 2 1950	NAME OF CEMETERY OR CREMATORY: Loudon Park	LOCATION (City, town, or county) (State): Baltimore Md.
DATE REC'D BY LOCAL REG.: 10/2/50	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: E. W. Lamoreau	ADDRESS: 4510 Lib. Hghts Ave

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08974

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 98 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2738 Riggs Ave.,

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) E. (Last) COLDER
4. DATE OF DEATH: (Month) September (Day) 27, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-26-1884
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Colder
14. MOTHER'S MAIDEN NAME: Anna MacLinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) 1901-1905
16. SOCIAL SECURITY NO.: 219-01-3589
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, squamous cell, bronchogenic, rt. upper lobe — Unknown

162 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

47 C

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 6-22-, 1950., to 9-27-, 1950., ~~that I last saw the deceased~~ alive on ~~September 27, 1950~~, and that death occurred at 11:37 P.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, FT.HOWARD, MD. 9-28-50

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF: 10/2/50
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/29/50
REGISTRAR'S SIGNATURE: H.W. Redrick DMC
24. FUNERAL DIRECTOR ADDRESS: Little's Funeral Home, Balto., Md.

X V X V

Evidence for addition of 21 shown on: FILM No. G 128 OCT 11 1950

08375

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lodge Forest | LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 7323 Sparrows Point Road
STREET ADDRESS (If rural, give location): Sparrows Point Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Henry	Colvin	Sept.	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Feb. 28-1864	86 yrs.	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Colvin	Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Howard Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	2 days
902.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a	(b) Generalized Arteriosclerosis	5 yrs.
	(c) Traumatic Fracture of Left Femur	3 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
9-8-50 m.		Fell from this bed. (ams - 10-11-50)

22. I hereby certify that I attended the deceased from Sept 4, 1950, to Sept. 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Means	M.D.		9/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	Sept. 29-50		Craigsville	Va.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/29/50	A.W. Hedrick Dep.	John G. Connelly	

98869

08976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 616 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm.Hosp. Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (28)
STREET ADDRESS (If rural, give location) Spring Grove Hospital

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) N. (Last) CONKLING
4. DATE OF DEATH (Month) Sept. (Day) 12, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 2-8-1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Conkling
14. MOTHER'S MAIDEN NAME Agnes Swissler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 215-07-8309
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp. Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis with left hemiplegia	1 Yr. 8 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	Unknown
	(c)	

443x
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 1-4-, 1949, to 9-12-, 1950, ~~that I last saw the deceased alive on~~ ~~and that~~ death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. Chief Medical Ser. VAH, Ft. Howard, Md. 9-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/15/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/14/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home, Balto., Md.

Dry Mildred T Blight 6009 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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PLACE OF DEATH: ESSEX; phone call from Med. Ex. 9-27-50, letter to follow. L

Evidence for change in #4 shown on:

08977

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 129 NOV 3 1950

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): MARYLAND Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mercy Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 42 Back River Neck Rd.

3. NAME OF DECEASED (Type or Print): (First) Taylor (Middle) Elijah (Last) Coosenberry

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: II/I/1923

9. AGE last birthday: 26 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Back River Neck Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Coosenberry

14. MOTHER'S MAIDEN NAME: Beatrice Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War#2

16. SOCIAL SECURITY No.:

17. INFORMANT: Bertha Johns 1337 Brunt St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
929.8 **Immediate cause**	(a) Drowning	
183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): road
(CITY OR TOWN) (COUNTY) (STATE): Whitemarsh near Bird River
TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 10, 1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Caught in flash flood on banks of Bird River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R.B. Fraher (Degree or title): M.D. ADDRESS: 700 Fleet sT., Balto. 2, Md. DATE SIGNED: Sept. 23, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/27/1950
NAME OF CEMETERY OR CREMATORY: St Stevens Cem.
LOCATION (City, town, or county) (State): Essex Md

DATE REC'D BY LOCAL REG.: 9/27/50
REGISTRAR'S SIGNATURE: Wm. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Elroy O. Wilson 1000 Brantly Ave

30609

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08978

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Essex
LENGTH OF STAY (in this place) 30 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 279 Rt 16 Balti 21

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural, give location) Rt 16 Box 279

3. NAME OF DECEASED (Type or Print) (First) Ina (Middle) (NMI) (Last) Crampton
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 3 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert R. Campbell
14. MOTHER'S MAIDEN NAME Giewmana Tappin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fred Crampton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pleural effusion	1 month
204.4 74b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aleucemic leucemia	1 Yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 26 Sept, 1950, that I last saw the deceased alive on 26 Sept, 1950, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE Charles W. Kerr (Degree or title) MD ADDRESS 815 Eastern Ave. DATE SIGNED 26 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 30/50
NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery
LOCATION (City, town, or county) Balto Co (State)

DATE REC'D BY LOCAL REG. 9/28/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR J.J. Bruzdzinski ADDRESS 1407 Eastern Ave

08979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belfast Rd (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
STREET ADDRESS (If rural, give location): Belfast Rd.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Douas (Last) Crowther
4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1950

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 20 1860
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto Co., Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Chilcoat
14. MOTHER'S MAIDEN NAME: Mary Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Jos. D. Viridin, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153x Immediate cause (a) Carcinoma of the Colon — 3 years

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1947, to Sept., 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. G. de Pasedo, Md. — ADDRESS Pocheysville, Md. — DATE SIGNED Sept. 19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-21-50 — NAME OF CEMETERY OR CREMATORY: Black Rock — LOCATION (City, town, or county) (State): Butler, Balto Co., Md.

DATE REC'D BY LOCAL REG.: 9/20/50 — REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Brooks, Sparks, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
SEP 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08980

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
LENGTH OF STAY (in this place) 40 yrs.?
HOSPITAL OR INSTITUTION OR STREET ADDRESS "Hill House Farm"

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) "Hill House Farm"

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Cromwell (Last) DENISON

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH Feb 7 1882

9. AGE last birthday 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Balto., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Cromwell

14. MOTHER'S MAIDEN NAME Sallie George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Elizabeth D McGill same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast Lt Metastasis — Interval Between Onset and Death: 2-2½ years

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
50 (b) to lung

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1948

19b. MAJOR FINDINGS OF OPERATION Carcinoma Lt breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 12:20 pm m., from the causes and on the date stated above.

SIGNATURE Walter B. Burk (Degree or title) M.D. ADDRESS 18 E Eager St Balto-2 DATE SIGNED Sept 26, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept 27/50 — NAME OF CEMETERY OR CREMATORY Green Mount — LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REG. 9/26/50 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Henry W Jenkins & Sons Co ADDRESS 4905 York Rd

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Hallie B. Buck
18 E. Sage

08981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson — LENGTH OF STAY (in this place) 4 Mos. 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.	STREET ADDRESS (If rural, give location) 21 S. Franklin Town Road ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Di Muzio			4. DATE OF DEATH (Month) September (Day) 27 (Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married	8. DATE OF BIRTH May 6, 1899	9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Louis Di Muzio		14. MOTHER'S MAIDEN NAME Annita DeFlavis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-14-2667	17. INFORMANT Personal History-Hospital Record, Eudowood Sanatorium		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3½ yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) M.D., Supt., ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/30/50	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	LOCATION (City, town, or county) (State) 4430 Belair Rd.
DATE REC'D BY LOCAL REG. 9/28/50	REGISTRAR'S SIGNATURE R. W. Hedrick Dep	24. FUNERAL DIRECTOR John J. Cowan & Son	ADDRESS 95 Collins St.

35489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08982

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 | LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Fleming Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural give location) 12 Fleming Drive.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) DIXON
4. DATE OF DEATH: (Month) (Day) (Year) September 25, 1950

5. SEX M | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH 8-25-94 | 9. AGE last birthday 56 yrs. | If under 1 year: Months 1 Days 0 | If under 24 hrs.: Hours 1 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR | 10b. KIND OF BUSINESS OR INDUSTRY Steel Plant | 11. BIRTHPLACE (State or foreign country) Bennettsville, South Carolina | 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Peter Dixon | 14. MOTHER'S MAIDEN NAME Althea McCrae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-09-6055 | 17. INFORMANT Carrie Lee Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 X Immediate cause (a) Uremia — 36 hours

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach with Metastasis — 10 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-3-50, to 9-25-50, that I last saw the deceased alive on 9-25-50, and that death occurred at 9 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C. Slade, M.D. 140 Oak Ave. Dundalk 22, Maryland 9-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-29-50. | NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. | LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 9/27/50 | REGISTRAR'S SIGNATURE Ann Hedrick | 24. FUNERAL DIRECTOR Wm. A. Jackson | ADDRESS 916 Penna. Ave. Balto. 1.

98329

Evidence for change of date of birth and age shown on Film G128 9/26/50 dm. Baptismal Record.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 41 08983

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anna T. Dorn

2. DATE OF DEATH: 9-21-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Dundalk Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 German Hill Road

C. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk Balto. Md.

D. STREET ADDRESS (If rural, give location): 220 German Hill Road

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ~~9-5-92~~ Sept. 5, 1902

9. AGE (In years last birthday): ~~58~~ 48 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Schaefer

14. MOTHER'S MAIDEN NAME: Theresa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George Dorn — ADDRESS: 220 German Hill Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignancy of Stomach (carcinoma) — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

151X ANTECEDENT CAUSES

46b DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arthritis — 5 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1945, *to* Sept 21, 1950, *that I last saw the deceased alive on* Sept 21, 1950, *and that death occurred at* 12 30 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: M. A. Jacobs M. D.

23B. ADDRESS: 617 North pt Rd

23C. DATE SIGNED: 9/22/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-25-50

24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 9-22-50

REGISTRAR'S SIGNATURE: N

25. FUNERAL DIRECTOR: Lilly & Zeiler, inc. — ADDRESS: 403 S. Wolfe Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08984

Reg. Dist. No. K5

PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7915 Delrose Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale; STREET ADDRESS (If rural, give location) 7915 Delrose Ave

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) DRASAL

4. DATE OF DEATH: (Month) SEPT. (Day) 10 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 12 1893

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laying Concrete pavements etc.

10b. KIND OF BUSINESS OR INDUSTRY: Self emp.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH FRANK DRASAL

14. MOTHER'S MAIDEN NAME: JOSEPHINE PODZIMEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: CAMILLA DRASAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval Between Onset and Death: 6 mos

163X 472 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD. ADDRESS Balto Md DATE SIGNED 9-11-50

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL — DATE THEREOF 9-10-1950 — NAME OF CEMETERY OR CREMATORY HOLY REDEEMER — LOCATION (City, town, or county) BALTIMORE (State) MD

DATE RECD BY LOCAL REG. 9/12/50 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR FRANK CVACH & SON ADDRESS

15609

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08985

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3503 Putty Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 4235 Cardwell Ave.

3. NAME OF DECEASED (Type or Print) (First) SARAH (SADIE) (Middle) A. (Last) DURM

4. DATE OF DEATH (Month) Sept. (Day) 10th (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced
8. DATE OF BIRTH Mar. 14, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. J. Willingham
14. MOTHER'S MAIDEN NAME Sarah C. Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mr. Jos. Willingham, 8701 Fowler Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X	Immediate cause	(a) Cerebral hemorrhage	1 week
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVD	?
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to 9/10, 1950, that I last saw the deceased alive on 9/9, 1950, and that death occurred at 1 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold A. Grott, M.D. ADDRESS 8100 Harford Rd — DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Sept. 12, 1950
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 9-11-50
REGISTRAR'S SIGNATURE A. M. O'Bacon
24. FUNERAL DIRECTOR Ramsburg Funeral Home ADDRESS 7401 Belair Rd.

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08986

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 40 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Sudbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — STREET ADDRESS (If rural, give location) 4 Sudbrook Ave.

3. NAME OF DECEASED (Type or Print): (First) Silas (Middle) Mark (Last) Eckenrode

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/27/1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur.

10b. KIND OF BUSINESS OR INDUSTRY: Mt. Wilson Sanit.

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry F. Eckenrode

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Bettie L. Eckenrode, 4 Sudbrook, Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 26 Days

331X 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 6 Mo

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-, 1950., to 9-29-, 1950., that I last saw the deceased alive on 9-28, 1950., and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr E. E. Nichols — Pikesville 8 Md — 9-30-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/2/50 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville. Md.

DATE REC'D BY LOCAL REG. 9-30-50 — REGISTRAR'S SIGNATURE Dr E E Nichols — 24. FUNERAL DIRECTOR ADDRESS Frank A. Newell. Pikesville, Md.

42092

VS-A15

RECEIVED
OCT 4 1990
BUREAU V. 3

Evidence for addition of 18 shown on:

FILM No. G 1 28 SEP 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08987

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2507 Sparrows Point Road	STREET ADDRESS (If rural, give location): 2507 Sparrows Point Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	FRANCES	ENGEL	September 12 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	May 19, 1949	1 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Engel	Irene T. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Wm. H. Engel, father, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephrosis, etiology undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

591.8
133.b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites and pericardial effusion (Natural death)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	(9-25-50 - ams)	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. S. Frolich M.D.	700 Fleet Street	9-12-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 14, 1950	Oak Lawn Cem.	7225 Eastern Ave. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/12/50	H. W. Hedrick	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15A

Dr. Williams
2515 Taylor Ave.

08988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Glen Arm — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hines Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Glen Arm.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co.
STREET ADDRESS (If rural, give location) Hines Road

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) L. (Last) Feist, Sr.

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 5, 1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Suwall Florist

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julius Feist

14. MOTHER'S MAIDEN NAME: Mathilda Ostermeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-26-6821

17. INFORMANT AND ADDRESS: Mrs. Mildred C. Feist, Hines Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 4 years

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease with

(c) passive congestion of lungs, liver, abdomen and legs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY: Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16., 19 50, to Sept 30, 19 50, that I last saw the deceased alive on Sept. 30, 19 50, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert K. Williams MD — 2515 Taylor Ave. — 9-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-3-50 — NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/2/50 — REGISTRAR'S SIGNATURE: A. W. Beach — 24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

JST

42075

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08989

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY: Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2128 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Balto COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HUldA (Middle) (Last) Foley

4. DATE OF DEATH (Month) 9- (Day) 19- (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 3-7-64

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT: Mrs. Catherine Banz - 2128 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: G. M. Baumgardner (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: Sept 19 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE: 9-21-50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Balto - Md

DATE REC'D BY LOCAL REG.: 9/20/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick Jr — 24. FUNERAL DIRECTOR: Lilly + Zeck Jr — ADDRESS: 403 S. Wolfe St

DR. JANNEY

Evidence for addition in 18 shown on:

FILM No. G 128 SEP 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08990

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Parkville — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Parkville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2939 Manns Ave.	STREET ADDRESS (If rural, give location) 2939 Manns Ave Parkville

3. NAME OF DECEASED (Type or Print)	(First) Rebecca	(Middle) A	(Last) Foutz	4. DATE OF DEATH	(Month) 9	(Day) 16	(Year) 1950	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F M	W	Widow	May 20, 1867	8 3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Carroll Co. Md	

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jacob	Little	Margaret -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
		Mrs Ruth Roeder 2939 Manns Ave	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Renal (9-29-50 - ams)

		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Arteriosclerotic C.V.I. Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 131a	(b) Chronic Nephritis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb., 19 46, to Sept. 16, 19 50, that I last saw the deceased alive on Sept. 16, 19 50, and that death occurred at 10 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nathan Janney M.D.	7101 Harford Rd.	9/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-19-50	Moreland Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/50	C. W. Hedrick	Leonard J Ruck	5305 Harford Rd

VT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; STATE Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2634 Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2634 Joppa Rd

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) S (Last) Galbreth

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Jan 8th 1883

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sylvester Greth

14. MOTHER'S MAIDEN NAME: Emeline L Hoch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Thomas. McLain. 2634 Joppa, Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	2 yr.
171X 480 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of cervix	2 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1948, to 9/12, 1950, that I last saw the deceased alive on 9/11, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Grott M.D. 8100 Harford Rd 9/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/15/50 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Balto. Co Md

DATE REC'D BY LOCAL REG. 9/12/50 | REGISTRAR'S SIGNATURE: C. M. Bacon | 24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

RECEIVED
SEP 14 1960
BUREAU V. S

08992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1518 Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay
STREET ADDRESS (If rural, give location): 1518 Rolling Rd

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Norman (Last) Gallagher
4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 31, 1886
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Home Improvements
11. BIRTHPLACE (State or foreign country): Relay Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles McGallagher
14. MOTHER'S MAIDEN NAME: Annie Handley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-03-8059
17. INFORMANT AND ADDRESS: Mrs. Mary B. Gallagher 1518 Rolling Rd Relay Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Amyotrophic Lateral — 2 yrs

356.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sclerosis with Bulbar Palsy — Slurring speech, arms & chest

82 (c) Muscles — Arterio Sclerosis 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Sept 28 1950, that I last saw the deceased alive on Sept 27 1950, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr B B Brumbaugh — ADDRESS: 5609 Main St Elkridge — DATE SIGNED: 27 Md 9/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/30/50 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 9-29-50 — REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Wm J Tickner & Sons — ADDRESS: Balto 17, Md

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08993

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2911 Hammonds Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 2911 Hammonds Ferry Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Gilster

4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6/4/1889
9. AGE last birthday 61 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Bendix-Co
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Gilster
14. MOTHER'S MAIDEN NAME Wilhelmina Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-05-6333
17. INFORMANT Frieda Biler - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Disease	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	5 yr.
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis — 15 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to 9/26, 1950, that I last saw the deceased alive on 9/26/50, 19....., and that death occurred at 8:A:m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball (Degree or title) MD ADDRESS Linthicum Md DATE SIGNED 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 28/50
NAME OF CEMETERY OR CREMATORY St. Pauls Cem.
LOCATION (City, town, or county) Violetsville - (State) City

DATE REC'D BY LOCAL REG. 9/28/50
REGISTRAR'S SIGNATURE Dw. Hedrick DM
24. FUNERAL DIRECTOR H. B. Hippert & Son - ADDRESS 1300 Eutaw Pl

32635

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred: 3812 Washington Blvd

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No. 3812 Washington Blvd (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME John S. Gittings Sr.

3. (b) Social Security Number –

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Minnie M.

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): April 12th 1898

8. AGE: Years	Months	Days	If less than one day
52	3	28	..... hrs. ..... min.

9. Birthplace: Relay Md. (Town, county, and state)

10. Usual occupation: Real Estate

11. Industry or business: Self

FATHER
12. Name: John S. Gittings
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Cleary
15. Birthplace: Maryland

16. Informant: Mrs Minnie M. Gittings

Address: 3812 Washington Blvd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/13/50 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: 4300 Old Frederick Rd.

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St.

19. 9/12 1950 (Date of registrar) A. W. Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 10th 1950, at 12:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1950, to Sept 10 1950 and that I last saw him alive on Sept 10 1950

Immediate cause of death	DURATION
Chr Myocarditis	7 mo
General arteriosclerosis	5 yrs
Due to Rt Hemiplegia	7 mo
Other conditions: Arterial Hypertension	5 yrs

443x 93d (Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 5609 Main St. Elkridge 27 Md. Date signed 9/11/50

XVX 81

VS A15 9-25-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 500 North Lakewood Avenue

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) F. (Last) GRAHAM, JR.

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/31/21

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Collector

10b. KIND OF BUSINESS OR INDUSTRY: Home Ins. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred F. Graham, Sr.

14. MOTHER'S MAIDEN NAME: Carrie Kloiber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 214-10-0250

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE, RIGHT, CAUSE UNKNOWN — Interval Between Onset and Death: Unknown

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830 (b) Pulmonary edema, cause and duration unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from 9/20, 1950, to 9/24, 1950, [redacted] that death occurred at 3:35 AM m., from the causes and on the date stated above.

SIGNATURE D. C. Moffatt, M.D. (Degree or title) ADDRESS DATE SIGNED

G.E. MOFFETT, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 27, 1950 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 9/26/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home 2601 E.Madison Ave. Balto. Md.

25280

Evidence re cause of death shown on Film G128

MARYLAND STATE DEPARTMENT OF HEALTH

08996

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
STREET ADDRESS (If rural, give location): Marlboro Pike

3. NAME OF DECEASED (Type or Print): (First) CECIL (Middle) C. (Last) GRANINGER

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1905

9. AGE last birthday: 44 yrs. — If under 1 year: Months 11, Days 2, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Resturant owner

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Graninger

14. MOTHER'S MAIDEN NAME: Carrie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory Failure	1 hour
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) diabetes mellitus	unknown
	(c) old poliomyelitis, [illegible]	40

360 x 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: fractured humerus, (Long before death and did not contribute to it.) 10-27-50-ams)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1950, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE: Florence D. Joyce (Degree or title) M.D. ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. DATE SIGNED: 9/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 9-19-50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 9/19/50 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517 11th St. N.W. Wash. D.C.

15671

RECEIVED
SEP 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08997

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 10 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 530 N. Carrollton Avenue

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) H. (Last) HAINES

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-25-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Corp.

11. BIRTHPLACE (State or foreign country): Avondale, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Haines

14. MOTHER'S MAIDEN NAME: Louise Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 213-07-7333 Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease with congestive failure — Interval between onset and death: Unknown

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31-, 19 50, to 9-10-, 19 50, that I last saw the deceased alive on ..., 19.., and that death occurred at 10:20P m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 9-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/14/50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/14/50

REGISTRAR'S SIGNATURE: A.W. Fedrich

24. FUNERAL DIRECTOR ADDRESS: Charles G. Cooper 512 Cathedral, Balto., Md

326 27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08998

47

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp. Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 717 Mosher St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) T. (Last) HALL

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 22 1950

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-4-06

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Benedict, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Hall

14. MOTHER'S MAIDEN NAME: Henrietta Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW-2 yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Rec. Vets. Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis, bilateral, far advanced, active	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
13b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 19, 1950, to Sept. 22, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE Eugene R. Hutz, M.D. (Degree or title) — ADDRESS VAH FT. HOWARD, MD. — DATE SIGNED 9-23-50

EUGENE HUTZ, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/26/50 — NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery — LOCATION (City, town, or county) (State): 5501 Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 9/25/50 — REGISTRAR'S SIGNATURE H.W. Hedrich

24. FUNERAL DIRECTOR — ADDRESS: Chas. R. Law, 802 Madison Ave. Balto. Md.

42049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08999

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (7)
STREET ADDRESS (If rural, give location) 233 W. Hill Street ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year) September 14, 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married-Sep.

8. DATE OF BIRTH 8-25-1891

9. AGE last birthday 59 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Trackman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Harriston, Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Hall

14. MOTHER'S MAIDEN NAME Nannie Hedricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 213-01-4382

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF STOMACH METASTATIC TO LIVER AND PERITONEUM — Interval Between Onset and Death: Unknown

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

151 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-, 19.50., to 9-14-, 19.50., ~~that I last saw the deceased~~ ~~on~~ ~~and that~~ death occurred at 9:05 A. m., from the causes and on the date stated above.

SIGNATURE E.S.Roberts, M.D. (Degree or title) ADDRESS VAH, Ft. Howard, Md, DATE SIGNED 9-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Sept. 18, 1950 — NAME OF CEMETERY OR CREMATORY Lincoln Cemeterry — LOCATION (City, town, or county) Pembrook, Pa. (State)

DATE REC'D BY LOCAL REG. Sept 15-50 — REGISTRAR'S SIGNATURE Dawson L. Parks

24. FUNERAL DIRECTOR Horatio F. Leftwich — ADDRESS Horatio F. Leftwich, Harrisburg, Pa.

98847

RECEIVED
SEP 18 1950
BUREAU V. S

09000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 32 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Pike & Butler Road	STREET ADDRESS (If rural give location) Hanover Pike & Butler Road

3. NAME OF DECEASED (Type or Print) (First) Ritta F. (Middle) Mewshaw (Last) Hammond

4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
female	white	married	Sept. 3, 1875	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Anne Arundel Co., Md.	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin Mewshaw	Ann Eliza Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Herbert Hammond - Hanover Pike, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure / chronic myocarditis	3 yrs
260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension	years
61	(c) arteriosclerosis	years
	Diabetes + cerebral hemorrhage	2 x 101

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-1-, 1930, to 9/30, 1950, that I last saw the deceased alive on 9/30, 1950, and that death occurred at 2A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G. Saffel	MD	Reisterstown Md	10/2/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	10 - 3 - 50	Cell Saints	Reisterstown	Md.

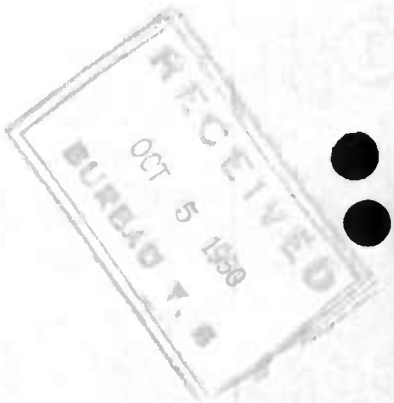
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-2-50	Mary B. Eline	John O. Mitchell & Sons, Inc.-1900 Mahlon B. Mitchell	Eutaw Place

12-1 noon Monday - Dr. Saffel - Main St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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OCT 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09001

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilson Point Road + Beech Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Maryland
STREET ADDRESS (If rural give location) Wilson Point Road + Beech Drive

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) VERAL (Last) HARTZELL

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawenmfr

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jones

14. MOTHER'S MAIDEN NAME: Ella Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William Hartzell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured Aortic Aneurysm — 5 minutes

023X

Antecedent cause(s)

30d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Luetic Aortitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Middle River (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on Sept 30, 1950, to ....., 19....., that I ~~last~~ saw alive the deceased alive on ....., 19....., and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene F. Sheridan M.D. — ADDRESS 417 1/2 Eastern Ave, Essex Md — DATE SIGNED 10 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 4/50 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 10-3-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ullman Funeral Home — ADDRESS 2004 Eden

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09002

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3218 Texas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3218 Texas Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Heiderman
4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 21-1884
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police dept.
10b. KIND OF BUSINESS OR INDUSTRY: Patrolman
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles E. Heiderman
14. MOTHER'S MAIDEN NAME: Margaret O'Neill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Margaret Heiderman, 3218 Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peripheral vascular collapse — 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced arteriosclerotic myocardial and vascular disease. — 10 years.

422.1
61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes + complications — 20 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Sep 27, 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 12.46A m., from the causes and on the date stated above.

SIGNATURE: Caridad Emiliana Gonzalez M.D. (Degree or title) — ADDRESS: 8304 Harford Road Baltimore 14. Maryland — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/2/50 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 9/28/50 — REGISTRAR'S SIGNATURE: H.W. Hedisch — 24. FUNERAL DIRECTOR: L. J. Kuck — ADDRESS: 5305 Harford Rd

60497

260x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8304

09003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (14)
STREET ADDRESS (If rural, give location) 2501 Gibbons Avenue

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) L. (Last) HESSLER
4. DATE OF DEATH (Month) (Day) (Year) September 16, 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-30-1895
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer Retired
10b. KIND OF BUSINESS OR INDUSTRY Linotype operator
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Hessler
14. MOTHER'S MAIDEN NAME Mae Copenhager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Myocardial infarction, anterior	20 Days
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 Yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 8-30-, 1950, to 9-16-1950, ~~that I last saw the deceased~~ ~~alive on 19 and that~~ death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE Robert E. May (Degree or title) Robert E. May, M. D.
ADDRESS VAH, Ft.Howard, Md.
DATE SIGNED 9-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/19/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/18/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Leonard J. Ruck,
ADDRESS Balto., Md.

5305 Harford Rd. 31014

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

260x

I

09004

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 1181, E. Lombard St. Baltimore 2. MD.

3. NAME OF DECEASED (Type or Print) (First) Sidney (Middle) (Last) High
4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 29 1902
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour Bast Furnace
10b. KIND OF BUSINESS OR INDUSTRY Sparrows Pt. Md.
11. BIRTHPLACE (State or foreign country) Garysburg N. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hansel High
14. MOTHER'S MAIDEN NAME Menerva High
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 213,07 3193
17. INFORMANT Cecil High 1181 E Lombard St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
917.3	Immediate cause	(a) Shock, due to 1st, 2nd, 3rd° Burns over	
181	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) entire Body (Burned by hot metal)	15 Min.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Beth Steel Co (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 5 (Year) 50 (Hour) 12:30 a m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Trapped in Control Room #8 Blast Furnace

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dept. Med. Exam. ADDRESS Dundalk 22 Md DATE SIGNED 9/5/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 7/50
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
LOCATION (City, town, or county) A. A. County (State) Md
DATE REC'D BY LOCAL REG. 9/5/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR Mrs Robert A. Elliott & Daughter ADDRESS

JT

988 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

09005

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M The correct age

I MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. 715

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baynesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Clement Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baynesville
STREET ADDRESS (If rural, give location): Clement Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) HINKEL

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 27, 1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 27, 1853

9. AGE last birthday: 97 yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brush maker- retired

10b. KIND OF BUSINESS OR INDUSTRY: Brush Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hinkel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Chronic Nephritis

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

450.0
131a

(b): Chronic Hypertrophic Prostatitis

(c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Sept., 1949, to Sept. 27, 1950, that I last saw the deceased alive on Sept. 26, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Nathan Janney M.D. — 7101 Harford Rd — 9/28/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: Sept. 29, 1950 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: 9/29/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, Towson, Maryland

49644

Evidence for change of age shown on:

FILM No. G 128 OCT 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09006

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 7 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 1512 Webster Street

3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle) V.	(Last) HOLMES	4. DATE OF DEATH (Month) (Day) (Year)	September 28, 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH: 4-23-1877	9. AGE last birthday: 73 ~~83~~ yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationery Engineer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Montrose, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jacob Holmes	14. MOTHER'S MAIDEN NAME: Elizabeth Dolan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INSUFFICIENCY	1 week
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 year
93d	(c) Inferior Vena Cava Thrombosis	1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 9-21-, 1950, to 9-28-, 1950, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawrence J. Knox MD		VAH, Ft. Howard, Md.	9-28-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 30-50	Glen Haven Cemetery	Glen Burnie, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/30/50	A. W. Heduck	Mrs.Charles L.Stevens	1501 E.Fort Ave.,
		Charles F.Dill, Successor.	Baltimore, Md.

JT 35699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

WILLIAM STAPP

9-25

09007

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 226

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore.- STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland. LENGTH OF STAY (in this place) 6 yrs.-
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) Rayville Road.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Anna (Last) Holmes.-

4. DATE OF DEATH: (Month) September (Day) 15, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Febr. 8, 1920

9. AGE last birthday: 30 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.-

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Store.-

11. BIRTHPLACE (State or foreign country): Freeland, Md. R.D.-

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. Orville Bull.-

14. MOTHER'S MAIDEN NAME: Myrtle P. Hare.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.- (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Charles F. Holmes.- Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aortic insufficiency

Antecedent cause(s) Mitral stenosis

410 x

92 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Sept. 15, 1950, that I last saw the deceased alive on Sept. 15, 1950, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton, Md. 9/17/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY. LOCATION (City, town, or county) (State)

Burial Sept. 18, 1950. Middletown Cemetery Freeland Md. R.D.-

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

Sept 17, 1950 Chester L Preston

24. FUNERAL DIRECTOR ADDRESS

Jacob Hartenstein, New Freedom, Pa.

266-63

VS/A15

RECEIVED
SEP 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09008

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 KELLER ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE
STREET ADDRESS (If rural, give location) 5 KELLER ROAD.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) HOLTZ

4. DATE OF DEATH: (Month) SEPT. (Day) 24 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~(WIDOWED)~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 2-19-1868

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPER HANGER, - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: PAPER HANGER - RET.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID HOLTZ

14. MOTHER'S MAIDEN NAME: (UNKNOWN) BEAUCHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: WM. H. HOLTZ 2nd, 923 Maiden Choice Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	?
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio sclerosis	?
131a	(c) Chronic Nephritis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1950, to 9-24, 1950 that I last saw the deceased alive on 9-22, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr E E Nichols ADDRESS: Pikesville Md DATE SIGNED: 9-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9-27-50 | NAME OF CEMETERY OR CREMATORY: Stone Chapel | LOCATION (City, town, or county) (State): Balto. Co.

DATE REC'D BY LOCAL REG.: 9/25/50 | REGISTRAR'S SIGNATURE: B.W. Hedrick | 24. FUNERAL DIRECTOR: Wm Cook Inc ADDRESS: 1217 St. Paul

(2)

496-11

09009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Md. Line
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Md. Line
STREET ADDRESS (If rural, give location) Parkton, R.D.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) A. (Last) Imwold.
4. DATE OF DEATH (Month) (Day) (Year) September 10, 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 21, 1888
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager.
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Towson, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Imwold.
14. MOTHER'S MAIDEN NAME Anna Kiser.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 218-14-5788.
17. INFORMANT AND ADDRESS Mrs. Martha E. Imwold, Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

180x Immediate cause (a) Carcinoma of the Kidney

Antecedent cause(s)

52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Kidney
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to Sept. 10, 1950, that I last saw the deceased alive on Sept. 10, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. M. France M.D. Parkton, Md. 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 13, 1950
NAME OF CEMETERY OR CREMATORY New Freedom Cemetery
LOCATION (City, town, or county) (State) New Freedom, Penna.

DATE REC'D BY LOCAL REG. Sep 12/50
REGISTRAR'S SIGNATURE Charles L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa.
ADDRESS

156 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU

09010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Rausch (Last) Iverson
4. DATE OF DEATH (Month) Sept. (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June-21-1908
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles A. Rausch
14. MOTHER'S MAIDEN NAME Bertha V. Jepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. -
17. INFORMANT Mr. T. Dudley Iverson, Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH 1 year.

181 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

52b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 1949
19b. MAJOR FINDINGS OF OPERATION Resection of bladder for carcinoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Sept. 28 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Robert F. Chenaweth (Degree or title) md ADDRESS 1114 St Paul St Balto Md DATE SIGNED 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Entombment
DATE THEREOF Sept-30-1950
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. Sept 30th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Stewart & Mowen Co. ADDRESS 108 W. North Ave. Baltimore #1, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09011

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pa. Railroad Tracks, Lutherville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) (Last) JACKSON
4. DATE OF DEATH (Month) September (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [redacted]
8. DATE OF BIRTH Feb. 4, 1929
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Highway
11. BIRTHPLACE (State or foreign country) Cockeysville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edgar Jackson
14. MOTHER'S MAIDEN NAME Rosa Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Nathanial Jackson Lutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple fractures of skull, pelvis, and extremities

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

802.8

169

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Railroad
(CITY OR TOWN) Lutherville (COUNTY) Baltimore (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) September 20, '50 m. 9:25 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian struck by railroad train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Russell S Fisher (Degree or title) M.D. ADDRESS 700 Fleet Street DATE SIGNED 9-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-23-50
NAME OF CEMETERY OR CREMATORY Basil Cemetery
LOCATION (City, town, or county) Cockeysville, (State) Md.

DATE REC'D BY LOCAL REG. 9/21/50
REGISTRAR'S SIGNATURE Mimer C Ensor
24. FUNERAL DIRECTOR Landon M Brooks, ADDRESS Sparks, Md

98811

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 23 1950
BUREAU V. S

Rodgers Fordge

09012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 423 Register Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
STREET ADDRESS (If rural, give location): 423 Register Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Margaret Jane Johnson
4. DATE OF DEATH (Month) (Day) (Year): Sept. 29th 1950

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: 9/25/1885
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lucas
14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ——
17. INFORMANT AND ADDRESS: Wm R. Johnson 423 Register Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Seen by Dr Hudson (Corner) Insured

Immediate cause 420.1 (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: None

Antecedent cause(s) 61 (b) Arterio Sclerotic Cardio Vascular Disease — 2 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Diabetes Mellitis — 1 Year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946 to 29 Sept, 1950, that I last saw the deceased alive on 29 Sept, 1950, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE: Charles H Reiz (Degree or title) M.D. ADDRESS: 6701 York Rd Balto 12 Md DATE SIGNED: 29 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/2/50
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG.: September 30 1950
REGISTRAR'S SIGNATURE: R. W.
24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. ADDRESS

260+

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 3217 McTeague

3. NAME OF DECEASED (Type or Print) (First) ALEXANDER (Middle) W. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-17-1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Monument Maker
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Jones
14. MOTHER'S MAIDEN NAME Mary (MN Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 216-09-1713
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) PULMONARY TUBERCULOSIS	UNKNOWN
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 8-18-50, 19 , to 9-2-, 1950, ~~that I last saw the deceased alive on~~ ~~19~~ ~~and that~~ death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE Peter J. McDonnell (Degree or title) PETER J. McDONNELL, M.D.
ADDRESS VAH, Ft. Howard, Md.
DATE SIGNED 9-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/5/50
NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 9/5/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave., Balto., Md.
ADDRESS

98824

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09014

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-22 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS 634 N. Avondale Rd.	STREET ADDRESS (If rural, give location) 634 Avondale Rd

3. NAME OF DECEASED (Type or Print)	(First) Ulysses	(Middle)	(Last) Joyner	4. DATE OF DEATH	(Month) 9	(Day) 15	(Year) 1950
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8/11/1894	9. AGE last birthday 56 yrs.	If under 1 year Months 4	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal Co		11. BIRTHPLACE (State or foreign country) Virginia				12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓	(If year, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. 217-14-3704	17. INFORMANT AND ADDRESS Mamie Brown-634 Avondale Rd.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Resperatory Failure	48-Hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Heart Disease	3-Mths
	(c)	

421.1

92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1950, to Sept. 15, 1950, that I last saw the deceased alive on Sept. 15, 1950, and that death occurred at 3-15-p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Hardy	Mr. Ke	140 Oak Ave Dundalk 22, Md.	Sept. 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/20/50	Baltimore National Ct.	Baltimore, City.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/20/50	A. W. Hedrick	J. L. Brown & Son - 108 W Montgomery St.	

JT

75044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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09015

43

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea — LENGTH OF STAY (in this place): 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Willow Avenue	STREET ADDRESS (If rural give location): 3 Willow Ave.

3. NAME OF DECEASED (Type or Print)	(First) MARTHA	(Middle) LEE	(Last) KANE	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5th, 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Mar. 16, 1869	9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Harford County, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Mohlon Thompson		14. MOTHER'S MAIDEN NAME: Angeline Whitaker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT: Mrs. Anita Held, 3 Willow Ave. Balto. 6, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Arterio Sclerosis	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Pulmonary Tuberculosis	10 yrs.
	(c) Myocardial Insufficiency	3 mos.

002 x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 27, 1950, to Sept 4th, 1950, that I last saw the deceased alive on Sept 4th, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: S Edwin Benson (Degree or title) — ADDRESS: 1 W. Overlea Ave. — DATE SIGNED: 9/6/50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: Sept. 7, 1950	NAME OF CEMETERY OR CREMATORY: Rock Spring Cemetery	LOCATION (City, town, or county) (State): Harford Co., Md.
DATE REC'D BY LOCAL REG.: Sept. 6. 1950	REGISTRAR'S SIGNATURE: Mrs. A. L. Reynolds	24. FUNERAL DIRECTOR: Lassalle Funeral Home	ADDRESS: 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1950
BUREAU

09016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: 8210 Cornwall Rd.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

Street No. 8210 Cornwall Rd. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Anna R. Kestler

3.(b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: John T.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 3rd 1888

8. AGE: Years: 62 Months: 4 Days: 28 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: at Home

FATHER

12. Name: John T. Riess

13. Birthplace: Germany

MOTHER

14. Maiden name: Dora Whitman

15. Birthplace: Germany

16. Informant: Mrs Frieda M. Pear

Address: 8210 Cornwall Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/5/50 (month) (day) (year)

Cemetery or crematory: Meadowridge Mem PR

Location: Washington Rd Dorsey Md.

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St.

19. 9/5/50 (Date rec'd by registrar) A. W. Hedrick JT Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2nd 1950, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1949, to Sept 2 1950 and that I last saw her alive on Sept 1 1950.

Immediate cause of death: Carcinoma stomach — DURATION: 11 month

Due to: 151X

Due to: 46 hrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: David H. Andrew M.D. (M.D. or other)

Address: 2 Kinship Rd Dundalk (24) Md Date signed: 9/2/50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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M

DR LAWRENCE POST
6805 YORK RD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09017

ITEM 8: error by f.d.
changed 9-26-50 G127 L

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY — SEMINARY Ave TOWSON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — BALTO
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS — Seminary Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — MD COUNTY — TOWSON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) — SEMINARY Ave TOWSON MD

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) K. (Last) KING

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1950

5. SEX: F M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: July 12, 1876 AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

9. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph BAIER

14. MOTHER'S MAIDEN NAME: ELIZABETH JUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. RICHARD W. OWEN SEMINARY Ave TOWSON MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) II Hypertensive Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) II Diabetes Mel. - & Arteriosclerosis (Marked.
(c) I(a) Loss. Epithelioma of left Cheek

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Laurence C. Post M. D. — 6805 York Rd. Baltimore 12, Md — 9/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 9/19/50

NAME OF CEMETERY OR CREMATORY: MORELAND MEM PARK

LOCATION (City, town, or county) (State): Taylor Ave Perl Md

DATE REC'D BY LOCAL REG.: 9/19/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Leonard J Buck

ADDRESS: 5305 Harford Rd

JT

Evidnece for addition of 21 shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09018

CERTIFICATE OF DEATH

FILM No. G 1 28 OCT 11 1950

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 month, 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3249 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) BEN (Middle) (Last) KIRKHAM

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 27, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months 4, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Kirkham

14. MOTHER'S MAIDEN NAME: Winfred Kershaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive arteriosclerotic cardiovascular dis.	unknown
812.5 Antecedent cause(s)		
170 c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic bronchitis	unknown
	(c) Fracture right tibia and fibula	7 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Public

(CITY OR TOWN) (COUNTY) (STATE): Baltimore and Highland Ave., Balto. City

TIME OF INJURY (Month) (Day) (Year) (Hour): 1-31-50 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Hit by a cab. (10-11-50 ams)

22. I hereby certify that I attended the deceased from Aug. 17, 1950, to Sept. 18, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Florence Deringer Joyce MD S. G. S. H. Catonsville Md 9/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-21-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 9/20/50 — REGISTRAR'S SIGNATURE: A. W. Heduck

24. FUNERAL DIRECTOR: John R. Moran — ADDRESS: 3000 E. Baltimore St

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change in birth date shown on:

FILM No: G 128 SEP 20 1950

09019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Phila. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Marsh
STREET ADDRESS (If rural, give location): Old Phila. Rd.

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) (Last) Koester

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-19-1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm Machinery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Koester

14. MOTHER'S MAIDEN NAME: Catherine Beyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Grace Koester Old Phila Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-Vascular accident	9-11-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic-Cardio-Vascular disease	2 yrs
	(c)	

4221
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-50, 19..., to 9-11, 1950, that I last saw the deceased alive on 9-11, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 9-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: Zion Evangelical Lutheran — LOCATION (City, or county): Essex (State): Md.

DATE RECD BY LOCAL REG: 9/13/50 — REGISTRAR'S SIGNATURE: H W Hedrick

24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balt. St.

Dro

98834

VS. A15

09020

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Mellor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Kohlhepp

4. DATE OF DEATH (Month) Sept. (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/30/50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Catonsville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William E. Kohlhepp
14. MOTHER'S MAIDEN NAME S. Virginia Landy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wm. E. Kohlhepp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X Immediate cause (a) Prematurity – 4 1/2 months of gestation. — INTERVAL BETWEEN ONSET AND DEATH 10 min

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1950, to 9-30, 1950, that I last saw the deceased alive on 9-30, 1950, and that death occurred at 8.40 P.m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager (Degree or title) M.D. ADDRESS Catonsville-28, Md. DATE SIGNED 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/2/50
NAME OF CEMETERY OR CREMATORY New Ca Grea
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-3-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Mac Nabb & Son
ADDRESS

1-0-9-30-0-9-9-V-21-V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1950
BUREAU V. S

09021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 401 Reisterstown Rd.	STREET ADDRESS (If rural, give location): 401 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) L.	(Last) KREINER	4. DATE OF DEATH	(Month) Sept.	(Day) 17	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: Nov. 18, 1894	9. AGE last birthday: 55 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer (rtd)	10b. KIND OF BUSINESS OR INDUSTRY: Poultry	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Joseph Kreiner	14. MOTHER'S MAIDEN NAME: Margaret Schneider						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World I	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Blanche V. Kreiner Pikesville 401 ReisterstownRd					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung (Rt) — 6 mos

163X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-31-50	19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt Lung - Metastasis to Mediastinum	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1950, to Sept 17, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lester Lebo M.D. 705 Med Arts Bldg 9/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/20/50	NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.	LOCATION (City, town, or county) (State): Pikesville, Md.
DATE REC'D BY LOCAL REG.: 9/18/50	REGISTRAR'S SIGNATURE: A. W. Hirsch JT ✓	24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons	ADDRESS: Balto Md. 156 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

RECEIVED
SEP 20 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09022

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; MARYLAND; LENGTH OF STAY (in this place) 33 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balt.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 7604 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) R. (Last) KRETCHMER

4. DATE OF DEATH: (Month) (Day) (Year) September 11, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-27-1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Army

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Kretchmer

14. MOTHER'S MAIDEN NAME: Amelia Loeb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1911 to 1941 (Retired)

16. SOCIAL SECURITY NO. 218-22-0270

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X

Immediate cause (a) Epidermoid carcinoma of buttock with metastases to lungs and pleura — Interval Between Onset and Death: 1 Yr.

53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 8-9- , 1950, to 9-11- , 1950, ~~that I last saw the deceased alive on ... 19..~~ and that death occurred at 11:12 P.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service. VAH, Ft. Howard, Md. 9-12-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 9-15-50

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/13/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Chas. S. Zeiler ADDRESS 901 S. CONKLING ST. Balto., Md.

VS. A15

60896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09023

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hanover~~ Catonsville Md. LENGTH OF STAY (In this place) 8 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover; STREET ADDRESS (If rural, give location) Race Rd.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Lake

4. DATE OF DEATH: (Month) Sept (Day) 10th (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Un Known

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Poland or Lithuania

12. CITIZEN OF WHAT COUNTRY? Not Known

13. FATHER'S NAME: Un Known

14. MOTHER'S MAIDEN NAME: Un Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS (Hospital Records) Victoria Lipman Race Road Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure — Interval Between Onset and Death: Not known

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Not Known

(c) Hypertensive cardiovascular disease — Not Known

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Nov. 14~~, 19 ~~42~~, to ~~Sept 10~~, 19 ~~52~~, that I last saw the deceased alive on Sept 10 19 50, and that death occurred at 8 40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Risley, M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 9/10/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 9/20/50; NAME OF CEMETERY OR CREMATORY Spring Grove Hospital; LOCATION (City, town, or county) Catonsville 28, (State) Md.

DATE REC'D BY LOCAL REG. 9/19/50; REGISTRAR'S SIGNATURE V. E. Harry; 24. FUNERAL DIRECTOR Spring Grove State Hospital ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09024

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817 Wise Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 817 Wise Ave.

3. NAME OF DECEASED (Type or Print): (First) CHRISTINA (Middle) (Last) LAUBACH

4. DATE OF DEATH: (Month) Sept. (Day) 8. (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 28, 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Heller

14. MOTHER'S MAIDEN NAME: Mary Schagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Wm. J. Teal - Lake Shore Dr., Pasadena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, chronic	1 yr.
414X Antecedent cause(s)		
92C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic valvular heart disease	50 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949, to Sept 8, 1950, that I last saw the deceased alive on Sept 6, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David H. Andrew M.D. 2 Kinsley Rd Dundalk Md 9/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9/11/50

NAME OF CEMETERY OR CREMATORY: Western Cem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/11/50

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto Md

JCL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09025

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
223 Westowne Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 223 Westowne Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ella Leonard

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 16, 1874

8. AGE: Years	Months	Days	If less than one day
76	4	26	..... hrs. ..... min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Michael Leonard
13. Birthplace: Unknown

MOTHER
14. Maiden name: Annie----
15. Birthplace: Unknown

16. Informant: Miss Ella Emory, (Niece)
Address: 342 E. 22nd St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 16/50 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: 4300 Old Frederick Rd. Balto. Md.

18. Funeral director: Harry H. Kistler
Address: 4101 Edmondson Ave.

19. 9-15-50 19 ..... (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 12/50 19 ..... at 2.45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-9 19 42 to 9-12 19 50 and that I last saw h alive on 9-12 19 50

Immediate cause of death	DURATION
Congestive Heart Failure	1 hr.
Due to: Chr. Hypertensive Cardio-Vascular Disease	10 yr.
Due to:	
Other conditions: Ca of Small Intestine 443X (Include pregnancy within 3 months of death)	1 1/2 yr.

Major findings of operations: 46e None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Edward F. Gallagher M.D. M. D. or other
Address: Catonsville 28 Md. Date signed: 9-14-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09026

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2020 Sulphur Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 2020 Sulphur Spring Rd

3. NAME OF DECEASED (Type or Print): (First) Frieda (Middle) M (Last) Lutz

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1950

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: Feb 1 1920 — 9. AGE last birthday: 30 yrs. — If under 1 year: Months 7, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Balto Co Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Liebman — 14. MOTHER'S MAIDEN NAME: Alma Heinman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Geo M Lutz

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

422.1 932 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo W. Kieffer M.D. Deputy Coroner Balto Co 1010 Loudon Sept 23, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-26-50 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Edmondson Village Md

DATE REC'D BY LOCAL REG: Sept 1950 — REGISTRAR'S SIGNATURE: Geo Kieffer M.D. — 24. FUNERAL DIRECTOR: Harry H Ritzke — ADDRESS: 4401 Edmondson

VS-A15A

RECEIVED
SEP 27 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09027

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto., MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Fairway Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 9 Fairway Rd

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) M. (Last) Lowman

4. DATE OF DEATH: (Month) Sept. (Day) 30TH (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 21-1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Garfor

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Arteriosclerotic Cardio-Vascular-Renal Disease — 1 yr

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Sept 30....., 1950., that I last saw the deceased alive on Sept. 30....., 1950., and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H White M.D. 422 Eastern Ave Baltimore 21. Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10-4-50

NAME OF CEMETERY OR CREMATORY: Friendship Cem

LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REG. October 3, 50

REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John G. Connelly

ADDRESS: 411 Eastern Ave Balto 21, Md.

VS. A15

RECEIVED
OCT 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09028

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1240 Maple Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) a. (Last) Lupton

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13-1889

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George H. Lupton

14. MOTHER'S MAIDEN NAME: Emma Lupton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 231-10-1089

17. INFORMANT: Mrs. Alice G. Lupton 1240 Maple ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — few minutes

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease — 5 yrs

932 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1946, to Sept 15, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nathan Raeusin MD 206 S. Gilmor St Sept 15 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 9-16-50

NAME OF CEMETERY OR CREMATORY: Rondow Park

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: September 16 1950

REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR ADDRESS

Geo. L. Beyer Jr. 1512 Hollins St

XV x99 Balto. 23 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1950
BUREAU T. S

09029

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 16, Maryland
STREET ADDRESS (If rural, give location) 2718 Baker Street

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) (Last) Maggio
4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1950
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 11/28/1875
9. AGE last birthday 74 yrs. If under 1 year Months 11 Days 8 If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Salvatore Messina
14. MOTHER'S MAIDEN NAME Cimmino
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Frances Zito, 2718 Baker St., Balto 16

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardio - Respiratory failure secondary

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to uremic coma, secondary to arteriosclerotic cardio-vascular disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950 and that death occurred at 2:04 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Bryan M.D. ADDRESS 4617 Old Frederick Rd. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) removal
DATE THEREOF 9/21/50
NAME OF CEMETERY OR CREMATORY Moravian
LOCATION (City, town, or county) (State) Staten Island, New York

DATE REC'D BY LOCAL REG. 9/21/50
REGISTRAR'S SIGNATURE A W Hedrick JT
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

09030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Kinship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) 119 Ventnor Terrace

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) V. (Last) Mahon

4. DATE OF DEATH (Month) Sept. (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH April 27-1881
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Louis Thompson
14. MOTHER'S MAIDEN NAME Mary Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Owen P Mahon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis (c) Arterio-Sclerotic Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Sept. 13, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE J M Davis MD (Degree or title) — ADDRESS 6800 Mornington Road - Dundalk - Md DATE SIGNED 9/14/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept. 15-1950 NAME OF CEMETERY OR CREMATORY Oak Lawn LOCATION (City, town, or county) Eastern Ave. (State) Md.

DATE REC'D BY LOCAL REG. 9/14/50 REGISTRAR'S SIGNATURE H. W. Hedrick Dep
24. FUNERAL DIRECTOR John G Connelly. ADDRESS Essex 21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09031

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 48 Market Place

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) B. (Last) MAHORNEY

4. DATE OF DEATH (Month) Sept. (Day) 20, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 9-11-1883

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY Laboring

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Mahorney

14. MOTHER'S MAIDEN NAME Rita Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 212-12-1217

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis, bilat. far advanced	Unknown
13 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Malnutrition — Unknown
Calcific disease, aortic valve — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-19-, 1950, to 9-20-, 1950, ~~that I last saw the deceased alive on 6-20-50 and that~~ death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service. VAH, Ft. Howard, Md. 9-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 9-25-50

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 9/21/50

REGISTRAR'S SIGNATURE A. W. Heduck

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Washington, D. C.

JT

49699

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

09032

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7612 Old Battle Grove Road

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Standiford (Last) McComas
4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug-30-1906
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Penna. R. R.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John N. McComas
14. MOTHER'S MAIDEN NAME Cordelia Standiford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Anna M. McComas (wife) Dundalk #22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dyer Med. Exam. ADDRESS Dundalk-22 Md DATE SIGNED 9/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct-2-1950
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 10/2/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Stewart & Mowen Co., ADDRESS 108 W. North Ave Baltimore #1, Md.

JT

41847

09033

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #6 LENGTH OF STAY (in this place) 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila Rd. King ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Mary (Last) McGuigan
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1950
5. SEX Fem.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar 5/1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.
10b. KIND OF BUSINESS OR INDUSTRY at home.
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Richards
14. MOTHER'S MAIDEN NAME Henrietta Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Margaret McGuigan (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

420.1
94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. M. Carmine M.D. (Degree or title) ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md. DATE SIGNED 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/30/50
NAME OF CEMETERY OR CREMATORY St. Ignatius Cem.
LOCATION (City, town, or county) Harford Co. Md (State)
DATE REC'D BY LOCAL REG. Sept 27 '50
REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09034

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sperry Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Johnny cake Road

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) (Last) Meehan
4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-29-1884
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Michael Meehan
14. MOTHER'S MAIDEN NAME: Elizabeth Meehan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Richard E. Meehan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 **Immediate cause** (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: One year

46 f **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Cardio-vascular Disease Hypertension Dementia Praecox

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1950, to Sept. 23, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joshua H Armacost M.D. 6419 Windsor Mill Rd Baltimore 7 Md Sept 23 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-26-50
NAME OF CEMETERY OR CREMATORY: Good Shepard
LOCATION (City, town, or county) (State): Howard County - Maryland
DATE REC'D BY LOCAL REG. 9/23/50
REGISTRAR'S SIGNATURE: V E Harry
24. FUNERAL DIRECTOR ADDRESS: Edw. MacNutt, Son

52086

VS. A15

RECEIVED
SEP 27 1960
BUREAU OF

09035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilson Pt; MARYLAND; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilson Point; STREET ADDRESS (If rural give location) 1910 Wilson Point Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	Mae	Miller	9 -	2 -	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Aug 29 1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Fraken	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Grover C Miller Jr 1908 Wilson Pt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Embolism	3 hours
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cholecystitis	2 weeks
	(c) Hypertension	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	25 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1950, to Sept 3, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 4 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	M.D.	617 North Point Rd	9/4/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/6/50	Parkwood	Parkville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/6/50	L	Ullrich Funeral Home	Edmondson

VS. A15

09036

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Everlasting Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River.
STREET ADDRESS (If rural give location) 42 Everlasting Lane

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Miller
4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 10, 1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jackson Kline
14. MOTHER'S MAIDEN NAME Mary Boney.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Alice L. Hartman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion —

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) — ADDRESS Dept Med. Examiner — Dundalk-22-Md — DATE SIGNED 9/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 20, 1950
NAME OF CEMETERY OR CREMATORY Fairview Cem.
LOCATION (City, town, or county) Martinsburg (State) Pa.

DATE REC'D BY LOCAL REG. 9/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John D Connelly. ADDRESS Essex 21, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09037

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pardise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 13 Maple ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HALLIE	JANE	MITCHELL	Sept	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Single	May 15, 1861	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper - ret.	Hotel	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Littleton Mitchell	Lavinia McCarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs. Clarence Ayres - 12 Maple Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemorrhage from oesophageal varices	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic carcinoma liver	3 months
(c) Carcinoma, left breast	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice - arteriosclerosis - diabetes	Unknown

170 x
50

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Unknown 10 yrs or more ago	Carcinoma left breast	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1948, to Sept, 1950, that I last saw the deceased alive on 21 Sept, 1950, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lea Magness	MD	Catonsville 28 Md	9-22-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-23-50	Loudon Park	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-23-50	V. E. Harry	George H. Fahey - Catonsville, Md.	

52087

RECEIVED
SEP 23 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P9038

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Catonsville) | LENGTH OF STAY in this place 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md., COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 128 S. Hilton St.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Musgrove
4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: about 1865
9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hood Convalescent Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Congestive heart failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1950, to Sept 28, 1950, that I last saw the deceased alive on Sept 26 1950, and that death occurred at 7.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert J. Lerickos, M.D. 5305 East Drive Sept 29, 1950

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF 9/28/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10/5/50 | REGISTRAR'S SIGNATURE Mr. Victor E. Harry | 24. FUNERAL DIRECTOR ADDRESS

J f.

XVX99

VS-A15

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09839

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3028 Texas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 3028 Texas Avenue

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) M. (Last) Muth

4. DATE OF DEATH: (Month) September (Day) 19, (Year) 50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 16, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph L. Bayly

14. MOTHER'S MAIDEN NAME: Agnes Burt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William F. Muth, 5 S. Tremont Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diarrhea, Cause undetermined	8 days
	(c)	

450.0
97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis, Infarct embolus, left leg — 12 hrs

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 19 Sept, 1950, that I last saw the deceased alive on 17 Sept, 1950, and that death occurred at 11 50 P m., from the causes and on the date stated above.

SIGNATURE: Fred Bleyer Jr (Degree or title) M.D. ADDRESS 2843 St Paul St DATE SIGNED 21 Sept 50

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 9/22/50; NAME OF CEMETERY OR CREMATORY: Moreland Park; LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: 9/21/50; REGISTRAR'S SIGNATURE: A. W. Hedrick; 24. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul Street

ST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09041

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 years 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4700 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Virginia (Last) Myers
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 29, 1881
9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John J. Howard
14. MOTHER'S MAIDEN NAME: Sarah E. Byron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occulsion	20 min.
420.1 Antecedent cause(s)		
93.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, cardiovascular disease.	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1946, to 9-1, 1950, that I last saw the deceased alive on 9-1-, 1950, and that death occurred at 5:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elyne Williams M.D. Spring Grove State Hospital 9-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: Sept. 4, 1950
NAME OF CEMETERY OR CREMATORY: Mt. OLIVET
LOCATION (City, town, or county) (State): BALTO. MARYLAND.

DATE REC'D BY LOCAL REG. 9/3/50
REGISTRAR'S SIGNATURE: V. E. Harris
24. FUNERAL DIRECTOR ADDRESS: Geo. L. Schwab 2101 Frederick Ave

VS. A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE

CERTIFICATE OF DEATH

Registered No. 30 119141

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KATE ELIZABETH MYLANDER

2. DATE OF DEATH: SEPT 10 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland CATONSVILLE, MD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 MONTROSE AVE
C. Length of stay in Baltimore: CATONSVILLE 25 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CATONSVILLE MARYLAND
D. STREET ADDRESS (If rural, give location): 4 MONTROSE AVE

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAR 22, 1876
9. AGE (In years last birthday): 74 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HENRY MYLANDER
14. MOTHER'S MAIDEN NAME: MARY KINEMUND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: WC. MYLANDER ADDRESS: 105 St MARTINS Rd

MEDICAL CERTIFICATION

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1B. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CEREBRAL THROMBOSIS	10 DAYS
334X ANTECEDENT CAUSES	DUE TO (B) ARTERIOSCLEROTIC CEREBRO-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 83b	DUE TO VASCULAR DISEASE (C)	10 YRS+
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 48 *to* 10 SEPT 50, *that I last saw the deceased alive on* 9 Sept 50, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Donald B Hebb M. D.
23B. ADDRESS: 825 Med Arts Bldg Baltimore
23C. DATE SIGNED: 10 SEPT 50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/12/50
24C. NAME OF CEMETERY, OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 9/12/50
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tichener & Sons
ADDRESS: Balt

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

09042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex — LENGTH OF STAY (in this place): 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 307 George St.	STREET ADDRESS (If rural give location): 307 George St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)		
CONRAD		NASEMAN	Sept. 4th, 1950		
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Feb.13,1879	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repair Man	10b. KIND OF BUSINESS OR INDUSTRY: B.& O. R.R.	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Heinreich Naseman		14. MOTHER'S MAIDEN NAME: Carolina Gerholt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 705-09-2760	17. INFORMANT: Mrs. Conrad Naseman, 307 George St. Balto. 21			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Sigmoid — 3 mo.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950 to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Hummel	Md.	Essex Md	9/5/50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: Sept. 8, 1950	NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: September 14, 1950	REGISTRAR'S SIGNATURE: Edith Hurley	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd

49647

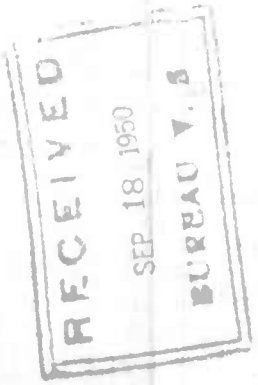
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Hummel 434 Eastern Ave
Essex 2092

RECEIVED
SEP 18 1950
BUREAU V. S



MARYLAND STATE DEPARTMENT OF HEALTH

09043

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Noah Offutt Memorial Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6121 Ridge View Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Nelson
4. DATE OF DEATH: (Month) September (Day) 27 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12 September 1871
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufactured Concrete Block
10b. KIND OF BUSINESS OR INDUSTRY: Owner Blocks
11. BIRTHPLACE (State or foreign country): Baltimore City Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. John Hanicek - 269 greyhound Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation — Interval between onset and death: 7 days

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease 10 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral accident — 11 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 19 1, to 27 Sept., 19 50, that I last saw the deceased alive on 26 Sept, 1950, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees (Degree or title) M.D. ADDRESS: Cockeysville DATE SIGNED: Maryland.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 9-30-50
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 9/29/50
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: L. J. Ruck - 5305 Harford Rd ADDRESS

15644

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09047

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH
COUNTY: Balto
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 428 E. North Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) ANNA HICKS (Last) NILES

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 19, 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Rodney C. Niles

14. MOTHER'S MAIDEN NAME: Margaret F. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Ernest Mary 428 E. North Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	2 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure due to arteriosclerotic CVD ?	
93d	(c) Cerebral thrombosis, left; generalized arteriosclerosis	3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Sept 17, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 12 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert J. Kerickas, M.D. ADDRESS: 5305 East Drive DATE SIGNED: Sept 29/1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9/30/50

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 9-29-50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons

ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09045

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7633 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Manchester Road

3. NAME OF DECEASED (Type or Print): (First) Stanislawa (Middle) (Last) Nowicki

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1865

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ja Sudryk

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: M. Nowicki 7633 Manchester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT & RT HEMIPLEGIA	3 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE	5 yrs
	(c) GENERALIZED ARTERIOSCLEROSIS	5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948, to Sept 18, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stefan C. Mockonis	M. D.	6714 Holabird Ave Balto 22 Md	9/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 21/50	Holy Cross	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/19/50	A W. Hedrick	Fred W. Ozazewski	1930 Eastern Ave

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09046

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-GRANITE
LENGTH OF STAY (In this place) 39 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ACME AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE - MD.
STREET ADDRESS (If rural, give location) ACME AVE

3. NAME OF DECEASED (Type or Print): (First) MARTIN (Middle) JOHNSON (Last) NYSTRAND

4. DATE OF DEATH: (Month) SEPT. (Day) 1 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: NOVEMBER 10 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GRANITE CUTTER

10b. KIND OF BUSINESS OR INDUSTRY: STONE CUTTING.

11. BIRTHPLACE (State or foreign country): SWEDEN -

12. CITIZEN OF WHAT COUNTRY? NAT. IN USA - 1930.

13. FATHER'S NAME: FIRST NAME UNKNOWN - JOHANSSAN.

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-12-8565

17. INFORMANT: MRS. MARTIN NYSTRAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) LOBAR PNEUMONIA -	3 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CONGESTIVE HEART FAILURE	2 MONTHS
	(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE	10 YEARS

448 X
108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SKILOSIS CHRONIC — 15 YEARS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 1, 1950, to SEPT 1, 1950, that I last saw the deceased alive on SEPT. 1, 1950, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeley (Degree or title) MD ADDRESS Randallstown Md. DATE SIGNED 9-1-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 9-5-50 | NAME OF CEMETERY OR CREMATORY ST PAULS | LOCATION (City, town, or county) (State) GRANITE MD

DATE REC'D BY LOCAL REG. 9/5/50 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS F.C. HIGINBOTHOM, ELLICOTT CITY MD

ST

39689

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09647

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forrestville, Balto 14 — LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2513 Linwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Buffalo 2
STREET ADDRESS (If rural, give location): 20 Pearl Place

3. NAME OF DECEASED (Type or Print): (First) Verna (Middle) (Last) Pappas

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: April 5 1879 — 9. AGE last birthday: 71 yrs. — If under 1 year: Months 4, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier (retired) — 10b. KIND OF BUSINESS OR INDUSTRY: Hotel — 11. BIRTHPLACE (State or foreign country): Beaver City, Clarion Co. Pa. — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clem McGinnis — 14. MOTHER'S MAIDEN NAME: Emma Fetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: 121-18-9764 — 17. INFORMANT: Mrs Sylvia Meade (cousin)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular with coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
420.1 940	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin L. Hudson (Degree or title) M.D. M.E. — ADDRESS: Towson, Md. — DATE SIGNED: 9/18/50

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-19-50 — NAME OF CEMETERY OR CREMATORY: Buffalo, New York — LOCATION (City, town, or county) (State): Buffalo, New York

DATE REC'D BY LOCAL REG.: 9/18/50 — REGISTRAR'S SIGNATURE: A. M. Bacon — 25. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul St.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09048

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1722 Leslie Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1722 Leslie Ave. Dundalk

3. NAME OF DECEASED (Type or Print): (First) John C. (Middle) Edwards (Last) Parks

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-18-1887

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintaince Man

10b. KIND OF BUSINESS OR INDUSTRY: Distillery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benj. Edwards

14. MOTHER'S MAIDEN NAME: Elizabeth Kremble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-4725

17. INFORMANT: Florence E. Edwards — 1722 Leslie Ave. Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE	5 yrs
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Sept 18, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen C. Mackoniak	M.D.	6714 Holabird Ave Baltimore 22 Md	9/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-21-50	Mt. Carmel	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/20/50	A. W. Hedrick	John A. Moran	3000 E. Baltimore St.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Aigburth Road	STREET ADDRESS (If rural, give location): 9 Aigburth Road

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) (Last) PASSANO

4. DATE OF DEATH: (Month) Sept. 20, (Day) 1950 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 30, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Plant- Retired

10b. KIND OF BUSINESS OR INDUSTRY: Gas Mantle Mfg.Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Passano, Sr.

14. MOTHER'S MAIDEN NAME: Louise Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Johanna J. Passano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hrs.

331X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Arteriosclerosis — Several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — Discovered 4 yrs. ago.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1935, to 20 Sept., 1950, that I last saw the deceased alive on 6 Sept., 1950, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE: R. H. Allison — (Degree or title): M.D. — ADDRESS: 4 York Rd. Towson, Balt. 4 — DATE SIGNED: 21 Sept. 50 Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 22, 1950 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Parkville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 9/22/50 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09050

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium; LENGTH OF STAY (in this place) 25 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 York Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium - rural; STREET ADDRESS (If rural, give location) 5 York Road.

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) Cougle (Last) Price

4. DATE OF DEATH: (Month) September (Day) 12 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-3-1885

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alexander Cougle

14. MOTHER'S MAIDEN NAME: Mary Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Anna Fridel, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Hypertensive arteriosclerotic heart disease — Interval Between Onset and Death: 3 yr.

Antecedent cause(s)

920 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion — 1/2 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1950, to Sept 11, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill — (Degree or title): M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Sept. 15, 1950 — NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery — LOCATION (City, town, or county) (State): Texas, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 9/12/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

DR

MARYLAND STATE DEPARTMENT OF HEALTH

09051

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blenheim; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dances' Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blenheim (Phoenix P.O.)

STREET ADDRESS (If rural, give location): Dances' Mill Road

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) LEE (Last) PYLE

4. DATE OF DEATH: (Month) Sept. (Day) 27, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	May 7, 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee Grafton

14. MOTHER'S MAIDEN NAME: Elizabeth Varnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 day

434.3 Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Disease — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter McDonnell M.D. Baldwin Md 9/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1950	Deer Creek Cemetery	Chestnut Hill, Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/50	W McDonnell	JOHN BURNS' SONS	Towson, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9-58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 17 Locust Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Guy	Hamilton	Rapsm	9	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 30, 1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store manager	Auto Supplies	New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guy H. Rapsm	Louise Stacy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	080-09-3691	Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 X Immediate cause	(a) Pulmonary Tuberculosis	2 yr
132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 11, 1949, to Sept 2, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 9:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
W. A. Bridges	M.D., Supt., Eudowood Sanatorium, Towson 4, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Sept 2 1950	Mount Cemetery	Ft. Edward	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 2, 1950	Wm. A. Bacon	John W. Sayler Son	Annapolis Md.

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VS. A15

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MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CERTIFICATE OF DEATH

Registered No. 09053 38

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BEULAH E. REGESTER

2. DATE OF DEATH: SEPT. 23, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Armacost Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — STATE: MD. — B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 812 REGESTER AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO

C. Length of stay in Baltimore: LIFE (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location): 622 WOODBOURNE AVE.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APR. 14, 1881

9. AGE (in years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: SCHOOL TEACHER

11. BIRTHPLACE (State or foreign country): BALTO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DANIEL T. REGESTER

14. MOTHER'S MAIDEN NAME: MARY E. RAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MAUD REGESTER — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral & Pulmonary Metastases

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Left Breast

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

170 X

(C)

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II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 1, 1950, *to* Sept 23, 1950, *that I last saw the deceased alive on* Sept 16, 1950, *and that death occurred at* 3:55 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Chas. E. Carr Jr. M. D.

23B. ADDRESS: 6007 York Rd

23C. DATE SIGNED: 9/25/50

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: SEPT 26 1950

24C. NAME OF CEMETERY OR CREMATORY: LORRAINE PARK

24D. LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR: 9/25/50

REGISTRAR'S SIGNATURE: H. W. Hedrick

25. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. — ADDRESS: 4905 YORK RD

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dulaney Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Dulaney Valley Rd.

3. NAME OF DECEASED (Type or Print) MARCELLUS (First) ~~MARSELLUS~~ (Middle) ELLSWORTH (Last) REICHERT

4. DATE OF DEATH (Month) Sept. (Day) 10, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept. 16, 1899
9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Optical Supplies
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frederick A. Reichert
14. MOTHER'S MAIDEN NAME Charlotte L. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) World I
16. SOCIAL SECURITY NO. 215-05-0712
17. INFORMANT AND ADDRESS Mrs. Laura E. Reichert-Dulaney Valley Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	5½ hrs.
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1952, to ——, 19....., that I last saw the deceased alive on Sept. 10, 1952, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. A. [illegible] ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9.13.50
NAME OF CEMETERY OR CREMATORY Trinity P. R. Cem.
LOCATION (City, town, or county) Long Green (State) Md.

DATE REC'D BY LOCAL REG. 9/12/50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. Md.

15678

09055

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delight Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 5219 Cuthbert Avenue

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Franklin (Last) Reightler
4. DATE OF DEATH (Month) September (Day) 19 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 14 1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Reightler
14. MOTHER'S MAIDEN NAME Tobitha Fleagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –
16. SOCIAL SECURITY NO. 070-16-9458
17. INFORMANT Mrs Beulah Edwards Glenburnie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Coma

903.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis

186a (c) Fractured marked rt. hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE Yes (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Reisterstown (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Sept (Day) 12 (Year) 1950 (Hour) 9 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell when going from bed to toilet

22. I hereby certify that I attended the deceased from 8-1, 1950, to 9/19, 1950, that I last saw the deceased alive on 9/19, 1950, and that death occurred at P m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M. D. ADDRESS Reisterstown, Md DATE SIGNED 9/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 22 1950
NAME OF CEMETERY OR CREMATORY Un. Brethren Cemetery
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REG. 9-21-50
REGISTRAR'S SIGNATURE Mary B. ELINE.
24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

366V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU T. S

DR. GROTT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09956

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2200 Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Parkville
STREET ADDRESS (If rural, give location) 2200 Joppa Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AUGUST	W	REIS	9	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widowed	4/23/1873	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Shoe
11. BIRTHPLACE (State or foreign country): BALTO MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ✓
14. MOTHER'S MAIDEN NAME ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Genevieve Vance 2200 Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary thrombosis	½ hr.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/16, 1950, to 9/16, 1950, that I last saw the deceased alive on 9/16/50 1950, and that death occurred at 11 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. a. Grott, M.D. 8100 Harford Rd 9/18/50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/19/50	New Cotherag	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/18/50	A. W. Hahn JT	Leonard J Rack 530 Harford Rd

2786

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09057

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 728 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural give location): 728 Main St.

3. NAME OF DECEASED (Type or Print): (First) ESTELLE (Middle) VIRGINIA (Last) REYNOLDS

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 9, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Charlestown W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Vickers

14. MOTHER'S MAIDEN NAME: Virginia Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Benjamin S. Reynolds, Reisterstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EDEMA	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA UTERUS	2 yrs.
	(c)	

174X
48 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1950, to SEPT. 9, 1950, that I last saw the deceased alive on SEPT. 9, 1950, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	REISTERSTOWN, MD.	9/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1950	Louden Park	Baltimore City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-10-50	Mary B. Elline.	J.F. Elinr & Sons, Reisterstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09058

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 20 yrs; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Hawthorne Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 219 Hawthorne Ave

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Rippon

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: about 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Outdoor Advertising

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Toledo Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jean Rippon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation — Interval between onset and death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis; Diabetes — 7 yrs

260 X 30g

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Chronic.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948 to Sept 28, 1950, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE Michael A. Abrams M.D. (Degree or title) ADDRESS 1820 Eutaw Place — Balto. Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 10-2-50; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 9/29/50; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

XVX82

VS. A15

Dr Abrams
1820 Eutaw Pl

09059

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 112 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 843 N. Gay St.

3. NAME OF DECEASED (Type or Print) (First) HORACE (Middle) (Last) ROBERTS

4. DATE OF DEATH (Month) September (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/26/27
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill worker-Laborer
10b. KIND OF BUSINESS OR INDUSTRY Cotton Mill
11. BIRTHPLACE (State or foreign country) Halifax County, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME TOLMAN ROBERTS
14. MOTHER'S MAIDEN NAME Pauline Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No. 246-30-4021
17. INFORMANT AND ADDRESS Clin.Records,Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
002X	Immediate cause	(a) Tuberculoma of brain	Unknown
13b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis far advanced	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1950, to Sept. 10, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 9-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/15/50
NAME OF CEMETERY OR CREMATORY Hawkins' Cemetery
LOCATION (City, town, or county) (State) Halifax County, N.C.

DATE REC'D BY LOCAL REG. 9/12/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave., Balto., Md.

98844

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09060

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred: Opitz Home, Edmondson Ave. & Nunnery Lane

How long in hospital or institution? 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Pen Mar, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Marie Ruffler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1866

8. AGE: Years	Months	Days	If less than one day
83	10	13	hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER — 12. Name: William Youngman

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Intermant: Mrs. Schmelz

Address: 5655 Purdue Ave. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/16/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Balto. Md.

18. Funeral director: Harry A. Little

Address: 4101 Edmondson Ave.

19. 9-15-50 19.. (Date rec'd by registrar) Registrar ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: sept. 14/50 19.., at .. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept - 13 19 50 to Sept - 14 19 50

and that I last saw h[illegible] alive on Sept - 13 19 50

Immediate cause of death	DURATION
Myocarditis	5 yrs
Due to: Arterio - Sclerosis	5 yrs.
Due to:	
Other conditions: 4221	

(Include pregnancy within 3 months of death)

Major findings of operation: 982 Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Lloyd Johnson M. D. or other

Address: Catonsville Md Date signed 9/14/50

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 20 1950
BUREAU T. S.

09061

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4D

1. PLACE OF DEATH: COUNTY Balto. Co MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin
STREET ADDRESS (If rural, give location) Paper. Mill. Rd

3. NAME OF DECEASED (Type or Print) (First) Fredericka (Middle) A (Last) Schirmacher

4. DATE OF DEATH (Month) Sept (Day) 15th (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec 1. 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY AT. Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Karl Kutrip
14. MOTHER'S MAIDEN NAME Charlotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr Robt Deily. Paper. Mill. Rd. Baldwin. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acites (dropsy) — 2 mths

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter McHammett ADDRESS Baldwin Md DATE SIGNED 9-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/18/50
NAME OF CEMETERY OR CREMATORY Arlington Memorial Cem
LOCATION (City, town, or county) Cotasauqua (State) Pa

DATE REC'D REG. 9-16-50
REGISTRAR'S SIGNATURE W McHammett
24. FUNERAL DIRECTOR Lassahn Funeral Home, 7401 Belair Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09062

CERTIFICATE OF DEATH

Reg. Dist. No. 9A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Essex 21; LENGTH OF STAY (in this place) 20 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wilbur Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural, give location) 75 Wilbur Ave

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (Last) Schlegel

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hauch.

14. MOTHER'S MAIDEN NAME: ELIZABETH SCHWARTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-10-8374

17. INFORMANT: MARGARET Schlegel 75 Wilbur Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	2 mths.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)	Arteriosclerotic Heart Dis Decompens.	3 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John C Baier MD — 815 Eastern Avenue Essex 21 Md. — Sept.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: Sept 30, 50 — NAME OF CEMETERY OR CREMATORY: Hillcrest — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 9-29-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: PAUL A. HECHMANN 6067 HARFORD Rd

31638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5210 Benson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 5210 Benson Ave

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) SEIBERT (Last)
4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 50 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6-17-75
9. AGE last birthday 75 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Watchman
10b. KIND OF BUSINESS OR INDUSTRY Davidson Transfer Co.
11. BIRTHPLACE (State or foreign country) Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Rosa May SEIBERT - WIFE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Sept, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Harry F. Kane (Degree or title) M.D. ADDRESS 2607 E Preston St Balto. Md DATE SIGNED 9-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 16, 1950 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Eastern Ave. (State)

DATE REC'D BY LOCAL REG. 9/15/50 | REGISTRAR'S SIGNATURE A. W. Hedrich | 24. FUNERAL DIRECTOR Schumacher Funeral Home ADDRESS

V MS.

60250 2601-03-05 E. Madison St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1990
BUREAU V. D.

Evidence for addition of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09064

FILM No. G 128 OCT 6 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Rosewood Ave	STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Dorothy	Slavin	9	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	May 10 1949	1 yrs.	4	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph L. Slavin	Katherine V. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Joseph L. Slavin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	3 days
7544 Antecedent cause(s)		
157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Heart Disease	Birth
	(c) Mental Deficiency	Birth
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 15, 1949, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William M. Seibold	M.D.	5402 Edmondson	10-1-50

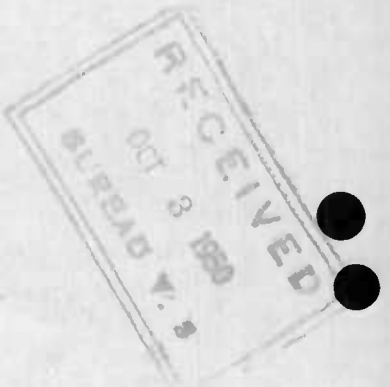
23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/1/50	London Park	Balto. City	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-1-50	V.E. Harry	Isaac Nabb & Son	Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
OCT 3 1980
BUREAU V. S

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09065

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3008 California Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3008 California Avenue

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) P. (Last) Smith

4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1950

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH July 13, 1876 | 9. AGE last birthday 74 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Mc Laughlin | 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mr. Howard H. Smith, 3008 California

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 6 days

422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio vascular renal

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1950, to 9/27, 1950, that I last saw the deceased alive on 9/26, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Grott, M.D. — 8100 Harford Rd. 9/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-29-50 | NAME OF CEMETERY OR CREMATORY Moreland Mem. Park | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/28/50 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09066

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6007 Altamont Place	STREET ADDRESS (If rural, give location) 6007 Altamont Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
G.	CLEMENTINE	SMUCK	Sept.	25,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
female	white	married	Apr. 4, 1910	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C. Nelson West	Mary Jane Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Mr. Charles S. Smuck - 6007 Altamont Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
345X **Immediate cause** (a) Bronchopneumonia	sev. wks.
87d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple sclerosis	16 yrs.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950, to Sept., 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Q. Penner	M.D.	1 W 29th St.	9/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/28/50	London Park	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/27/50	A.W. Hedrick	Wm. J. Dickner & Sons	Balto. Md.

09067

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND LENGTH OF STAY (In this place) Parkwood
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3023 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3023 Taylor Av COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George Arthur (Middle) Somers (Last) ~~Somers~~
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Gardener
11. BIRTHPLACE (State or foreign country) Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Gus Augustus Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. Unknown
131a (c) C.V.R. Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W M Carmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 9/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/14/50
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 9-13-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J Rush ADDRESS 5305 Hwy Rd

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

M

09068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GRANITE - MD.
LENGTH OF STAY (in this place): 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GRANITE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GRANITE
STREET ADDRESS (If rural, give location): GRANITE ROAD -

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) ANN (Last) SOMERVILLE
4. DATE OF DEATH (Month) SEPT. (Day) 14 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: MAY 2 - 1870
9. AGE last birthday: 80 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WATT HARRIS
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS FRANCIS SOMERVILLE. (DAUGATER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 DAYS.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VAS. DISEASE	15 YEARS
93d	(c) SENILITY.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 15, 1949, to SEPT. 14, 1950, that I last saw the deceased alive on SEPT. 14, 1950, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas E. Wheeler (Degree or title) MD. ADDRESS: Randallstown, Md. DATE SIGNED: 9-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/18/50
NAME OF CEMETERY OR CREMATORY: Mt Calvary
LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG.: 9/15/50
REGISTRAR'S SIGNATURE: A. W. H.
24. FUNERAL DIRECTOR: Geo. H. Kelson ADDRESS: 1303 Presstman St.

✓ms

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 20 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09069

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Elmwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg.
STREET ADDRESS (If rural give location) 714 Elmwood Rd.

3. NAME OF DECEASED (Type or Print) (First) CONRAD (Middle) G (Last) Spahn

4. DATE OF DEATH (Month) Sept. (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 27, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY R. Express Co.
11. BIRTHPLACE (State or foreign country) Balto. City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Spahn
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. John T. Spahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular dis.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1950, to Sept 22, 1950, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE R Donald Janday (Degree or title) M.D. ADDRESS 6077 Harford Rd DATE SIGNED 9-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 26, 1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. Sept 23
REGISTRAR'S SIGNATURE Mrs. G. L. Reysnider
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

266 50

RECEIVED
SEP 29 1950
BUREAU F. S

09070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home 1 Shady Nook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 102 Mt.de Sales Road

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) O. (Last) Spicknall

4. DATE OF DEATH (Month) Sept. (Day) 25, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 8,1870

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manager

10b. KIND OF BUSINESS OR INDUSTRY White Construction Co.

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas S. Spicknall

14. MOTHER'S MAIDEN NAME Dorcas Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Thomas F.Spicknall 7 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	years
9 tal	(c) Hypertension	years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1938, to Sept 25, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 9.50 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 20 E. Preston St — DATE SIGNED 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-28,1950

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 9/26/50

REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR G.Howard Strong ADDRESS 3207 W.North Ave.,

156 V 9

Dr W Fort
20 E Preston

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09071

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Holly Beach Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) Holly Beach Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) G. (Last) Stricker

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Aug 20 1892 | 9. AGE last birthday: 58 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Balto Tanning Co | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Stricker | 14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Anna Severton (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

783.1 **Immediate cause** (a) Pulmonary Hemorrhage, — 2 hrs.

131 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Etiology undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
C. H. Davis MD Dels Med. Exam. Dundalk-Md 9/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 6, 1950 | NAME OF CEMETERY OR CREMATORY: Balto. National | LOCATION (City, town; or county) (State): Frederick Rd. Md.

DATE REC'D BY LOCAL REG.: September 6, 1950 | REGISTRAR'S SIGNATURE: Edith Hurley | 24. FUNERAL DIRECTOR | ADDRESS: John G. Connelly, Essex 21, Md.

32649

RECEIVED
SEP 8 1950
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09072

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY Balto [redacted] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 915 Essex Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 915 Essex Ave

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) Frederick (Last) Sachs

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 19 50

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: June 1-1892 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter | 10b. KIND OF BUSINESS OR INDUSTRY: Balto. Dry Dock Co. | 11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Adam Sachs | 14. MOTHER'S MAIDEN NAME: Ella Pollheim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-01-0199 | 17. INFORMANT: Sula Sigrist

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 mo
443X Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular Disease	5 yrs
	(c) Chronic Nephritis	2 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1950, to Sept 27, 1950, that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 1400 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Joseph Mark M D 422 Eastern Ave Balto. 21 Md 9/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 30-1950 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 9/29/50 | REGISTRAR'S SIGNATURE: H.W. Hedrick | 24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS: 418 Eastern Ave Balto 21, Md.

3404W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09073

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2yrs 5mos 15ds; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2147 N. High Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) Summers

4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9-12-1882

9. AGE last birthday: 67 yrs. If under 1 year: Months 11; Days 19; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Louis Summers

14. MOTHER'S MAIDEN NAME: Fromie Millet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Prostate	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pleurisy Bilateral	Unknown
	(c)	

177X
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1950, to 9-1, 1950; that I last saw the deceased alive on 9-1, 1950, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman Zinberg MD ADDRESS: Spring Grove Hospt. DATE SIGNED: 9-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 9-3-50 NAME OF CEMETERY OR CREMATORY: United Hebrew LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: 9-2-1950 REGISTRAR'S SIGNATURE: T. E. Harvey

24. FUNERAL DIRECTOR: Jack Levin Inc ADDRESS: 2100 Eutaw Pl

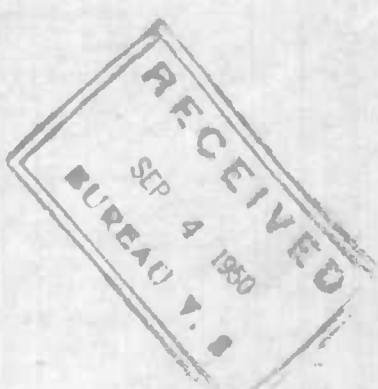
XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

399



MARYLAND STATE DEPARTMENT OF HEALTH

09074

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) (unk) 520 S. Durham Street

3. NAME OF DECEASED (Type or Print): (First) PIOTR (PETER) (Middle) (Last) SZCZEPANIK

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed ?

8. DATE OF BIRTH: 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? Hungary

13. FATHER'S NAME: Adalbert Szczepanik unk

14. MOTHER'S MAIDEN NAME: Mary (Weojeirchosko) Wojciechowska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Verona Szczepanik; address unk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic gangrene — 3 months

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic C.V. disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 19 50, to Sept 21, 19 50, that I last saw the deceased alive on Sept 21, 19 50, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Florence Deringer Joyce M.D. S. G. S. H. Catonsville Md 9-21-50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 9/25/50 | NAME OF CEMETERY OR CREMATORY St. Stanislaus | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 9-22-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR | ADDRESS M. F. Sadowski & Son, 1808 Eastern Avenue

X/X99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09075

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Hill Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) THOMAS (Last) TAGG

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. S. Tagg

14. MOTHER'S MAIDEN NAME: Mary Baublitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Minnie Tagg R. F. D. #6, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, chronic vascular, with coronary occlusion — 7 months

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 14, 1950, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin C Hudson M.D. Towson, Md. 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9/18/50

NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: September 16 1950

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons

ADDRESS: Balto. Md.

32247

vs. A16

09076

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Point Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1949 Edmondson Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Taylor
4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11/13/1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country) Faquier Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Taylor Sr.
14. MOTHER'S MAIDEN NAME Mary Fun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Nettie Jones 167 W. 146th St Apt. 6. NY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 hrs.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94 a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐ No
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis Md (Degree or title) Dep. Med. Examiner ADDRESS 6800 Morney St Bmd DATE SIGNED 9/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/22/1950
NAME OF CEMETERY OR CREMATORY Mt Calvery
LOCATION (City, town, or county) Brooklyn Md (State)
DATE REC'D BY LOCAL REG. 9/20/50
REGISTRAR'S SIGNATURE A. W. Peduch JT
24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly ave

98829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (21)
STREET ADDRESS (If rural, give location) Box 206 Rt. 16,

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) E. (Last) TERRELL

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/23/93

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer

10b. KIND OF BUSINESS OR INDUSTRY: Upholstering

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Terrell

14. MOTHER'S MAIDEN NAME: Annie Bedell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clinical Rec. Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple old and recent infarcts of myocardium	3 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis.	plus
	(c)	

420.1 p4a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23/, 1950, to 9/27/, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 1:07 a.m., from the causes and on the date stated above.

SIGNATURE Paul Padget, (Degree or title) M.D. ADDRESS VAH, Ft. Howard, Md. DATE SIGNED 9-27-50

PAUL PADGET, M.D. Chief Medical Service.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/2/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/50	H.W. Hedrick VSA	JAMES J. BRUZZINSKI,	1407 Eastern Ave. Balto., Md.

36485

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09078

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE
LENGTH OF STAY (in this place) 2-3 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN COUNTRY CLUB

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON 4
STREET ADDRESS (If rural, give location) 1827 LOCH SHIELD DRIVE

3. NAME OF DECEASED (Type or Print) (First) MARVIN (Middle) EMMETT (Last) THOMPSON

4. DATE OF DEATH (Month) SEPT. (Day) 2 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH JUNE 14 1903

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER

10b. KIND OF BUSINESS OR INDUSTRY BREWERY

11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN E. THOMPSON

14. MOTHER'S MAIDEN NAME MAMIE E. GESSFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT MR. GERALD THOMPSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	15 MIN.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) NONE	
	(c)	

420.1
94

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Martin E. Strobel (for D.D. Caples M.D.) (Degree or title) MD.
ADDRESS Reisterstown, Md.
DATE SIGNED 9/2/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~
DATE THEREOF 9/5/50
NAME OF CEMETERY OR CREMATORY FOREST OAK
LOCATION (City, town, or county) GAITHERSBURG (State) MD

DATE REC'D BY LOCAL REG. 9/5/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm J. Tickner & Sons
ADDRESS North & Penna. Balto. 17, Md.

156X0

09079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTO. 406 Beck Ave, ESSEX MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 BECK AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 406 Beck Ave

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) B. (Last) TRAVIS

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1950

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 23, 1926 | 9. AGE last birthday 24 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rev. Frederick J Miller | 14. MOTHER'S MAIDEN NAME Edna ~~Craig~~ M. Barry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rev F. J Miller, 406 Beck Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	1 wk.
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950 to Sept 28, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE Leonard M. Hummel (Degree or title) M.D. ADDRESS 434 Eastern Ave Essex Md. DATE SIGNED 9/29/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 9/30/50 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) O Donnell St (State) Md

DATE REC'D BY LOCAL REG. 9/29/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR Mildred T Blight ADDRESS 6009 Harford Rd

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Leonard Hammel
431 Eastern Ave.

09080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Lansdowne (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 2615 Braun Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Lansdowne (If outside city or town limits, write RURAL and give nearest town)

Street No.: 2615 Braun Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph Trescott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widower

6.(b) Name of husband or wife: late Emma Cougnet Trescott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 3, 1882

8. AGE:

Years	Months	Days	If less than one day
68	6	23	..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Retired Produce

11. Industry or business: Own business

FATHER
12. Name: Charles Trescott
13. Birthplace: ----

MOTHER
14. Maiden name: Unknown
15. Birthplace: ------

16. Informant: Lewis Trescott, (Son)

Address: 2615 Braun Ave. Lansdowne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/29/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd

18. Funeral director: Harry H. Wintzpe

Address: 4101 Edmondson Ave.

19. 9/28 1950 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 26/50 19..., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 24 1948, to SEPT. 26 1950 and that I last saw him alive on SEPT. 26, 1950

Immediate cause of death	DURATION
Acute edema of the lungs	2 days
Due to: Chronic myocarditis and myocardial degeneration, not rheumatic	26 mos.
Due to: Arteriosclerosis, generalized	26 mos.
Other conditions: Tuberculosis, pulmonary	2 1/2 mos.

422.1
13b (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Gilbert E. Rudman, M.D. M. D. or other

Address: 2517 W. Balto. St. Date signed: 9/28/50

15660

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09681

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Dunmore Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 9 Dunmore Road

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MAREA (Last) TUCKER

4. DATE OF DEATH: (Month) Sept (Day) 2nd (Year) 19.50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 1/26/81

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William P. Gruber

14. MOTHER'S MAIDEN NAME: Louisa Rettberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. James Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval between onset and death: 3 Weeks

450.0 / 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 6 Mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 19.50, to Sept. 2, 19.50, that I last saw the deceased alive on Sept. 1, 19.50, and that death occurred at 1:20 A. m., from the causes and on the date stated above.

SIGNATURE J. Lloyd Johnson (Degree or title) ADDRESS Catonsville, Md. DATE SIGNED 9/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/5/50 — NAME OF CEMETERY OR CREMATORY: Stone Chapel — LOCATION (City, town, or county): Pikesville, Md. (State)

DATE REC'D BY LOCAL REG. 9-2-50 — REGISTRAR'S SIGNATURE W. E. Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville Md.

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09082

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — LENGTH OF STAY (in this place): 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Powers Avenue	STREET ADDRESS (If rural, give location): Powers Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Tucker

4. DATE OF DEATH: (Month) September (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ? 1870

9. AGE last birthday: ? 80 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Amanda Tucker, Cockeysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure -	2 years
Antecedent cause(s)	(b) Arteriosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic cardio-vascular disease	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to 11 Sept, 1950, that I last saw the deceased alive on 11 September, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees (Degree or title) M.D. ADDRESS: Cockeysville Md DATE SIGNED: 11 Sept. 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-13-50 — NAME OF CEMETERY OR CREMATORY: Basil — LOCATION (City, town, or county) (State): Cockeysville, Md

DATE REC'D BY LOCAL REG.: 9/13/50 — REGISTRAR'S SIGNATURE: Wm. J. Chilcoat — 24. FUNERAL DIRECTOR: London M. Brooks, Sparks, Md ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09083

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2703 St. Paul St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	W.	ULLMAN	Sept.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	11-8-95	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telegraph operator		Waldorf, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anthony Ullman	Pauline Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI	212-14-8499	Clinical Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage	Unknown
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric Ulcer	10 Yrs. plus.
	(c)	

540.0
117a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY Ooccur?
			m.		

VA

22. I hereby certify that I attended the deceased from 9/26/, 1950, to 9/27/, 1950, ~~that I last saw the deceased~~ alive on ~~[illegible]~~, 1950, and that death occurred at 6:37 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget			
PAUL PADGET, M.D.	Chief Medical Service	VAH, Ft. Howard, Md.	9-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/50	H.W. Hedrick	Blight Funeral Home, Baltimore, Md.	Mildred T. Blight 6009 Harford Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09084

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1821 E. Lafayette Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILBUR	ELLSWORTH	WAGNER	September 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	June 2, 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
handyman	scrap steel ind.	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Wagner	Emily Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWI	215-01-4947	1821 E. Lafayette St. Mrs. Anna M. Wagner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of neck and skull	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of liver, spleen, diaphragm, and lungs	
	(c) Multiple fractures, lacerations, abrasions and contusions	

9123
176

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Factory	North Point Road near Edgemere,	Balto.,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
Sept. 27, 1950 2:45 A m.		Caught in slow wrapping machine

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley K. Ouelette M.D.	700 Fleet Street	9-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	9/29/50	Woodlawn Cemetery	Baltimore, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR & ADDRESS
9/29/50	H. W. Hedrick	HENRY SANDER & SONS, INC. BALTIMORE - 13, Md.

Dm

496 29

M

09085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Osborne Ave

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2 Osborne Ave

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) K. (Last) Waldeck
4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 22. 1880
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernhardt Wich
14. MOTHER'S MAIDEN NAME Rosine Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Chas Alfred Waldeck 2 Osborne Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion with myocardial infarction	5-10 minutes
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular disease	5 yrs +
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 18 Sept, 1950, that I last saw the deceased alive on 16 Sept, 1950, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE John A Nesbitt Jr. (Degree or title) ADDRESS 20 E. Preston St. Baltimore 2, Md DATE SIGNED 19 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 21-1950
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 9/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mr & Mrs. John W. Teufel & Son
ADDRESS 5311 Edmondson Ave

JT ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

09086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sparks Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 704 Cedarcroft Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) WALSH

4. DATE OF DEATH: (Month) SEPT. (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/22/1900

9. AGE last birthday: 50 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Walsh

14. MOTHER'S MAIDEN NAME: Minnette ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 012-10-6848

17. INFORMANT AND ADDRESS: Mrs Sarah Walsh 704 Cedarcroft Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide poisoning

9733 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1630 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: C. M. France — (Degree or title) M.D. — ADDRESS Parkton Md. — DATE SIGNED 9/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/8/50 — NAME OF CEMETERY OR CREMATORY: Balto. Nat'l. — LOCATION (City, town, or county): Baltimore — (State): Md.

DATE REC'D BY LOCAL REG. 9/7/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick VT ✓

24. FUNERAL DIRECTOR: John A. Morris H&L — ADDRESS: 3000 E. Balto. St.

27814

MARYLAND STATE DEPARTMENT OF HEALTH

09087

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3212 Rosalie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Arbutus
STREET ADDRESS (If rural, give location) 3212 Rosalie Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Watson, Sr.

4. DATE OF DEATH: (Month) September (Day) 28, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 12, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Ship's Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Shipyard

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonathan Watson

14. MOTHER'S MAIDEN NAME: Elspet Hendrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James A. Watson, Jr., 3212 Rosalie Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Fibrillation — Interval Between Onset and Death: 16 hours

422.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1950, to Sept 28, 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C. Arthur Rosberg M.D. | 0711 Washington Blvd - 30 | 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/30/50 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/29/50 | REGISTRAR'S SIGNATURE: H W Hedrick | 24. FUNERAL DIRECTOR: Wm. Cook, Inc. | ADDRESS: 1217 St. Paul Street

30840

09088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 14 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Hanover Road	STREET ADDRESS (If rural, give location) 81 Hanover Road

3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) H.	(Last) Wiley	4. DATE OF DEATH (Month) (Day) (Year) Sept.8,1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct.23,1890	9. AGE last birthday 59 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in U.S.Customs	10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (State or foreign country) Garrett Co.Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Thomas B.Wiley		14. MOTHER'S MAIDEN NAME Lydia Winterberg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WorldWar 1	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs.Lucy M.Wiley,Reisterstown,Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	3 days
Antecedent cause(s)	paralytic stroke,nephrosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease, arteriosclerosis	3 years
	(c)	

442x

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION -	19b. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.8, 1947, to Sept.8, 1950, that I last saw the deceased alive on Sept.8, 1950, and that death occurred at 11 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Walter Landau	M.D.	Reisterstown,Md.	9-9-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept.11,1950	NAME OF CEMETERY OR CREMATORY St.Paul	LOCATION (City, town, or county) (State) Arcadia,Balto.Co.Md.
DATE REC'D BY LOCAL REC. 9-10-50	REGISTRAR'S SIGNATURE Mary B. ELINE	24. FUNERAL DIRECTOR J.F.Eline & Sons,Reisterstown,Md.	ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

09089

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural give location) 305 Townsend Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) FRANCES (Last) WILLE

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 29, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hippolitis Dietz

14. MOTHER'S MAIDEN NAME: Augusta Stock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —— (If yes, give war or dates of service) ——

16. SOCIAL SECURITY NO. ——

17. INFORMANT: Mrs. Augusta Smith 305 Townsend Rd. Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 **Immediate cause** (a) Chronic Myocarditis — Interval between onset and death: ——

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——

(c) ——

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ——

19b. MAJOR FINDINGS OF OPERATION ——

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —— (CITY OR TOWN) —— (COUNTY) —— (STATE) ——

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? ——

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. O. Davis MD - Dep. Med. Examiner ADDRESS Dundalk, Md. DATE SIGNED 9/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Sept. 21, 1950; NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery; LOCATION (City, town, or county) (State) 4701 German Hill Rd. Balto. Co. Md

DATE REC'D BY LOCAL REG. 9/20/50; REGISTRAR'S SIGNATURE A. W. Hedrick; 24. FUNERAL DIRECTOR Charles S. Zeiler, 901 S. Conkling St. ADDRESS Baltimore, Md.

52086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09090

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 STONELEIGH RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; STREET ADDRESS (If rural, give location) 502 STONELEIGH RD.

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) R. (Last) WILLIAMS

4. DATE OF DEATH: (Month) SEPT. (Day) 4 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 14, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN BANCROFT

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: N.B. WILLIAMS SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443x	Immediate cause	(a) ACUTE PULMONARY EDEMA	½ hr.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	8 yr.
		(c) GENERALIZED ARTERIOSCLEROSIS	8 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RT. PARTIAL HEMIPLEGIA — 4 yr.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1948, to Sept 4, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE: Frederick J. Vollmer (Degree or title) M.D. ADDRESS: 6100 York Road Balto-12 DATE SIGNED: Sept. 5, '50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: SEPT. 14, 1950 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK | LOCATION (City, town, or county): BALTO. (State): MD.

DATE REC'D BY LOCAL REG.: 9/6/50 | REGISTRAR'S SIGNATURE: A. W. Heduck

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS ADDRESS: 4905 YORK RD. BALTO., MD.

JT

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6100 York Rd.

09091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 4 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital Catonsville 28, Md.	STREET ADDRESS (If rural, give location): Aged Women's and Men's Home 1400-1404 W. Lexington St.

3. NAME OF DECEASED (Type or Print)	(First) Charlotte	(Middle) A	(Last) Wilson	4. DATE OF DEATH	(Month) 9	(Day) 26	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 2/22/64	9. AGE last birthday: 86 yrs.	If under 1 year: Months 7	Days 4	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Wm. H. Pierce		14. MOTHER'S MAIDEN NAME: Kerr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Hospital records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cardio-respiratory failure	4 days
4/22, 1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular disease	?
55 e	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	carcinoma of unknown origin	?

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Sept 25, 1950, that I last saw the deceased alive on Sept 25, 1950 and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Deringer Joyce	MD	SGSH - Catonsville Md	9/26/50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 9/29/50	NAME OF CEMETERY OR CREMATORY: Baltimore	LOCATION (City, town, or county): Baltimore,	(State): Maryland
DATE REC'D BY LOCAL REG.: 9-27-50	REGISTRAR'S SIGNATURE: L	24. FUNERAL DIRECTOR: Wm. Cook, Inc.	1217 St. Paul Street	ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09092

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS QUARANTINE PIER FOOD OF WOODLAND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 109 WOODLAND AVE.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) DAVID ERVIN WOOD

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JULY 2, 1945
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME LOUIS CLARK
14. MOTHER'S MAIDEN NAME JUNE WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS. JUNE ZOCHOK

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Bo Rivi (CITY OR TOWN) Illinois Sta - (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9 21 - 50 11 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Tillmite Rivi

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Davis MD - Dept Med Exam - Dundalk [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 23, 1950
NAME OF CEMETERY OR CREMATORY SACRED HEART
LOCATION (City, town, or county) (State) GERMAN HILL RD.

DATE REC'D BY LOCAL REG. Sept 23-1950
REGISTRAR'S SIGNATURE William M Kelly Jr.
24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME DUNDALK, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7356 Manchester Rd.	STREET ADDRESS (If rural give location) 7356 Manchester Rd.

3. NAME OF DECEASED (Type or Print) (First) Julius (Middle) (Last) Yeager			4. DATE OF DEATH (Month) Sept. (Day) 20, (Year) 1950		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 1883	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller	10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Amelia B.Yeager 7356 Manchester Rd.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Pulmonary TB

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laryngeal TB.

(c)

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13 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to Sept. 20, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 5 05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Andrew Lewkowski, MD — ADDRESS 2529 Eastern Ave. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/23/50	NAME OF CEMETERY OR CREMATORY Oak Lawn	LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 9/22/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Clarence F. Hoffman	ADDRESS 1639 Broadway

JT

496 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09094

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reed's Knoll

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 416 E. 20th St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) M. (Last) YENT
4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 18, 1863
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: — O'Neill
14. MOTHER'S MAIDEN NAME: Mary Dillon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Edmond Yent 416 E. 20th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure — 1 wk

Antecedent cause(s) (b) Cardiovascular disease — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility — yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip (left) — wks

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422.1

186a

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15 1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fall on floor

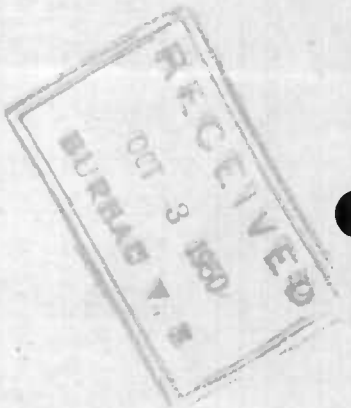
22. I hereby certify that I attended the deceased from Aug 19, 1950, to Sept 23, 1950, that I last saw the deceased alive on Sept 23, 1950, and that death occurred at 6-30 m., from the causes and on the date stated above.

SIGNATURE: Geo McKieffer MD (Degree or title) — ADDRESS: 1010 Reed's Ave — DATE SIGNED: 9-30 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-2-50 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 10-1-50 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: George Farley — ADDRESS: Catonsville, Md.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MARYLAND STATE DEPARTMENT OF HEALTH

09095

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 229 Mason Court ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) YORK

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/15/93

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe fitter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward York

14. MOTHER'S MAIDEN NAME: Eva MN: JOSHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 178 01 5442

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410x **Immediate cause** (a) Mitral Stenosis

92b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic endocarditis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7/22, 1950, to 9/17, 1950, that I last saw the deceased [redacted] and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 9-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 21-1950 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. — LOCATION (City, town, or county) (State): 5501 Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 9/19/50 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Joseph A Kasinskas, 602 Wash. Blvd. Balto, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 1/2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Nursing & Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Artimus (Middle) Gustavus (Last) Zepp

4. DATE OF DEATH (Month) (Day) (Year) September 25 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 27 1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor (channel)
10b. KIND OF BUSINESS OR INDUSTRY B & O Railroad
11. BIRTHPLACE (State or foreign country) Marriottsville Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Artimus R. Zepp
14. MOTHER'S MAIDEN NAME Sarah E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 703-09-0076
17. INFORMANT AND ADDRESS Mrs Cora L. Zepp, Annapolis Junction Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442X	Immediate cause	(a) Congestive Heart Failure	3 wks
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yr.
		(c) Chr. Cardio Vascular - Renal Disease	10 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Sept. 25, 1950, that I last saw the deceased alive on Sept. 25, 1950, and that death occurred at 7.45 P. m., from the causes and on the date stated above.

SIGNATURE Milton R. Gallagher (Degree or title) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 9-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 28, 1950
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9-28-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Maryland ADDRESS

156 47

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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